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COMMUNICATIONS.

ON THE TREATMENT OF PAINFUL AFFECTIONS OF THE HEAD (CEPHALALGIA, MIGRAINE, TIC DOULEUREUX) BY ANTIPYRINE.

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I. The history of *headaches* is largely a history of individual experience, for no painful affection is more common. Hard-working students are especially liable to headaches, but not necessarily those who violate all the laws of hygiene; many who live well and temperately, pursuing their studies in sunny, cheerful, well-ventilated apartments, and taking plenty of out-door exercise, are the victims of cephalalgia. What is the pathogeny of those grave headaches which are observed largely, though not exclusively, among bright, smart, though perhaps nervously constituted pupils, which interrupt hard brain work, which abate or go away during rest to return at the end of half an hour of close application, and which may end in compromising the education and even the future of children?

Four years ago, René Blache, and, almost at the same time, Zeller and Charcot, described under the name of *headaches of the growing period* those painful affections of the head which are so frequent in young people between the ages of twelve and eighteen, *i. e.*, during the period of active growth, and which are of the nature of frontal pains that are very persistent and are aggravated by the least attempt at study. I have often witnessed this kind of brow-ache both in boys and girls, though more frequently in the former than in the latter.

A little attention will enable one to discriminate these frontal headaches from *migraine*, which is always a one-sided headache (hermicrania), accompanied with visual disorders, nausea, and vomiting; from facial neuralgia, which is always located in some sensory branch of the fifth nerve; lastly, from the anæmic or chlorotic headaches of childhood, which are recognized by the pallor of the tissues, by a hæmic murmur in the vessels of the neck and in the heart, and above all by the diminution in the hæmoglobin of the blood.

These headaches may appear, as the details of our cases show, in conditions of school or college life, where there has not been any over-taxing or forcing. In such cases it does no good to imperatively forbid all study; and to order out-door air and exercise, nerve tonics and sedatives (strychnine, quinine, bromides, etc.), and hydrotherapy, you will have gained nothing thereby, and it will need only a brief resumption of study to bring back all the former train of cephalic sufferings, to the chagrin of all concerned. What are you to do then? Suspend the education and compromise the future welfare of the child, or even put off all further training till nature shall have brought about a cure by terminating growth and the evils incident thereto? No

parent would ever consent to such a course as this, and I myself think it unnecessary from the following considerations:

After having observed numerous cases of headaches of the growing period, I was struck with their frequent coincidence with cardiac hypertrophy of the same origin and nature, such as I first described in 1885, and which is distinguished by an increase of the cardiac dullness and by respiratory embarassment, by an apex murmur with the first sound of the heart, and sometimes by intermittences and palpitations.

In children from the age of seven to fifteen years the heart undergoes but moderate development, but from the age of fifteen to twenty (adolescence) it grows rapidly, sometimes exceeding the growth of the rest of the body; at other times its development seems to lag behind an enormous elongation of the frame. In headaches of cardiac origin, you will sometimes attain remarkable results by means of iodide of potassium given along with convallamarin or sparteine, two excellent cardiac medicaments which are tonics of that organ. The effects of the treatment confirm my theoretical view of these cases; these headaches are a part of the complex process of growth, and are connected with the physiological hypertrophy of the heart.

There is another class of headaches whose pathogeny is somewhat different. The subjects thereof are certain school children from eight to twelve years of age who have been overtaxed by too many studies at school, with too little time for recreation, or in preparing themselves for their examinations prior to promotion to higher courses of study. These are really cases of overstrain of the heart. At this time of life the growth of the heart is not commensurate with that of the rest of the body, and the nutritive shortcomings of the system seem to be reflected on the myocardium, which instead of hypertrophying, as in the case of the adolescent youngster, remains at a stand-still, or even becomes enfeebled, while the rest of the body is growing and emaciating. The heart is readily fatigued, and lacking self-reparative power undergoes dilatation, and this is especially likely to happen if undue physical exercise is imposed on the child, such as long walks of several miles at a time, or arduous gymnastic exercises; the brain work and the muscular work conspire to exhaust the forces of the child. I am, in fact, shy of recommending the gymnasium to primary school children.

The headaches then, coming on prior to maturity, are generally due to overtaxing the brain at school or college, or are incident to the growing period (cardiac headache), or, in the case of younger children, to general corporeal and cardiac debility. This complexity of causes renders somewhat difficult the matter of treatment.

In the presence of a problem so perplexing, I have of late directed my attention to the master symptom, the cerebral pain, which I endeavor to combat without attempting to reach the cause. To meet this indication, I have found nothing so useful as the regular, continuous employment of antipyrine, which has proved itself to be a unique remedy for the pains of which I have been speaking. I have before me notes of twelve cases which comprise adolescents from thirteen to nineteen years of age, of whom the greater part were suffering from cardiac headaches, and who had all been treated unsuccessfully by the ordinary methods. In all of these cases antipyrine administered in doses of fifteen grains three times a day, succeeded in calming the headaches at the end of two or three days, and causing them to disappear altogether at the end of six or eight weeks, the treatment being persevered with during this time.

Among these twelve cases pertaining to growing youths, I established an important distinction: seven out of twelve were hard working students, who where applying themselves with diligence and making preparation for their examinations prior to graduation or entering on more advanced courses; four of them had been obliged to suspend their studies for four or five months, and rest and tonics had not improved their condition, while under the use of antipyrine they were enabled to resume their studies. Two of these pupils were boarding at home where the conditions of hygiene were perfect, and were in the habit of taking abundant physical exercise; were in fact attendants at the gymnasium; they were none the less, however, victims of headaches. Another pupil was also vigorous of body and mind, but had suffered from headaches for several months. Another, aged 13 years, was rather dull intellectually; was endeavoring to make up for his deficiencies by hard study. Another student, aged 18 years, belonging to the polytechnic school, lost his rank in his class by not being able to apply himself to study more than half an hour at a time without suffering headache. He got well at the end of several days under antipyrine, and was able to make up his lost time and recover his rank. In all these cases the pathogeny was doubtless somewhat intricate; cerebral

fatigue entered as a factor, but active growth was going on at the same time, and in two of them there was an unusual development of the heart, a veritable hypertrophy. I have notes of another series of cases, five in number, all pupils of the same age, who could not properly be accused of overtaxing themselves; these youths were scholars of but moderate capacity, who studied intermittently and under compulsion, and with difficulty kept their rank in their classes; nevertheless they complained of the headache which presented the characteristics of the headaches of the growing period. I make exception from this number of one young man whom I suspected of secret vices and of untruthfulness, and who proved a more difficult patient than the others, although he eventually got well of his headaches.

Hence I have been led to believe that over-forcing the brain is seldom the sole cause of headaches in students; the true cause is the unequal physical development of the different parts of the body and especially of the internal organs. The headaches of the period of growth are often witnessed after a rapid increase of stature, and in these cases there generally exists an antecedent hypertrophy of the heart. Therefore if you have before you these headaches generally attributable to brain-tire, you are more likely to find that they are the headaches of the growing time, or cardiac headaches.' I may add to this another category of headaches, those from fatigue or strain of the eye-muscles, which have been so thoroughly studied by my colleagues, Maurice Perrin, Jaral, and more recently Parinaud. Simple exercise of the eyes in reading suffices to bring on pain; this is especially the case in individuals affected with astigmatism or hypermetropia. These cephalic pains (headaches, migraines), may be much relieved or even cured by the use of suitable glasses and more careful management of the eyes.

Exception being made of this last category of cases, antipyrine, which is, in accordance with experimentation, the most powerful moderator of the excitability of the cerebro-spinal system and of the heart, proves itself to be specific in headaches of early life and adolescence.

II. We come now to the subject of *Migraine.* Migraine (hemicrania) should be distinguished from headache, trigeminal neuralgia, and myalgia of the epicranial muscles. Hemicrania is characterized by four cardinal groups of symptoms, which are generally associated and are sometimes accompanied by transient mental disturbances; pain in the head, disorders of the facial and doubtless also of the intra-cranial circulation, perturbations of the sight, which when predominant constitute ophthalmic migraine; lastly, nausea and vomiting, which are frequent in the course of the paroxysm.

The pain in the head is the prime symptom; it generally occupies the orbital, supra-orbital and temporal, never the infra-orbital region; it is confined to one side and generally to one point; is continuous, with exacerbations provoked by the least movement, especially by severe muscular efforts (lifting, running, climbing); compression of the carotid on the painful side seems to increase the pain and the cerebral anæmia which always accompanies it. Circulatory or vaso-motor troubles are never absent, though not always noticed; they manifest themselves by marked pallor of the face, with painful beatings of the temporals, retraction and injection of the globe of the eye, and dilatation of the pupils; at times the face is flushed and the pupils contracted. Study and all mental application are impossible; there is excitation of the special senses. This group of phenomena manifestly has its origin in the vaso-constrictor and vaso-dilator nerves.

The visual disturbances are very characteristic, and are sometimes so predominant as almost to leave the pain in the back-ground; scintillant scotomata are frequent, almost constant; there is often hemiopia, and even amaurosis, as has been shown by Charcot, Galezowski and Féré.

Lastly, there is no migraine without nausea, which is generally preceded and accompanied with anorexia, and sometimes by vomiting, though not necessarily associated with any symptoms of indigestion. The above description pertains to migraine in its typical form, which is easily distinguished from common headache, facial neuralgia or neuritis, epicranial myalgia, and specific periostitis.

Antipyrine is efficacious in all these painful affections, which are often due to special causes which one has no right to neglect. On the other hand, the causes of migraine are infinitely less varied and less known; we may conjecture the determining causes of the paroxysm, but we are ignorant of the pathogeny of migraine, as I shall endeavor to show.

Heredity is the only predisposing cause which has been clearly demonstrated; authorities are agreed as to the direct transmission of migraine from parents to children, and it is uselsss to hypothecate an indirect nervous inheritance originating in neurasthenia, hysteria, epilepsy or chorea in the

parents or ancestry. These family neuroses have no pathogenic relationship with migraine, which constitutes a neurosis by itself, never alternating with the other neuroses, still less with asthma, which is a pneumobulbar disease, [1] or angina pectoris, which is due to a lesion of the coronary arteries. Modern pathologists have made much of diathetic influences, and as the diatheses one after another have suffered subversion, there remains only arthritism—that is to say, gout and rheumatism. Arthritism, moreover, has been born of much that was once supposed to belong to it, and its very existence as a diathesis has been rendered somewhat nebulous. If we ask a definition of arthritism, we are told by some that it is "a retardation of nutrition;" by others, "an exaggerated nutrition;" by others still, "a functional disturbance of the nervous system," *i. e.*, *a neurosis*, so that we do not seem to get much real light. As it has been demonstrated that gouty persons are not more subject to migraine than other non-gouty persons placed in similar hygienic circumstances, any attribution of this disease to a gouty origin seems meaningless and futile; nor do the results of treatment bear out any such attribution. Certainly, the alkaline and other anti-arthritic treatments have never cured or even helped migraine.

Thus far, then, the attempt to find a general or constitutional cause for migraine has failed, as well as every mode of treatment based on constitutional states. The question now comes up, whether there are any local affections or functional troubles capable of causing hemicrania by acting reflexly on the cerebro-spinal system, or on the vaso-motor nerves. Such a property has long been attributed to morbid states of the digestive organs, and it may seem a little rash to call in question the reality of gastric or dyspeptic migraines.

But just here not a little confusion has crept in. Just because there are no migraines without nausea and vomiting, some medical authorities have concluded that migraine has its starting point in the stomach. But individuals that thus suffer attacks are always victims of megrim, to which the gastric disturbance can only have the relationship of a predisposing cause; and it is just so with persons who testify to attacks coming on after a hearty meal, or after drinking freely of beer. On the other hand, are dyspeptics or individuals affected with organic diseases of the stomach—dilatation, cancer, ulcer, gastritis—especially subject to migraine? Experience gives a decidedly negative answer to this question.

It cannot be shown that there are any morbid conditions of the stomach which are liable to provoke migraine. Nor do the remedies ordinarily given for dyspeptic and other disorders of the alimentary canal—pepsin, hydrochloric acid, alkalies, bitters, mineral waters, cholagogues, have any effect either in preventing or relieving attacks of hemicrania.

Therefore I can have little belief in the reflex nature of migraine; no more in fact, than in its diathetic or constitutional nature. Migraine, in fact, seems to be linked to a peculiar state of excitability of the cord, and especially of the vaso-motor centres, as the vascular conditions attending this neurosis prove, and as is shown by the results of treatment by bromides, caffeine, quinine, etc., which heretofore have been the best remedies in our possession, and whose tonic and sedative effect on the nervous centres principally implicated is well known. In short, I have long regarded migraine as an independent neurosis, very often hereditary, having little or no relation to vices of general nutrition, or morbid states of the digestive organs.

Starting from these data, and knowing the depressant effects of antipyrine on the excitability of the cerebro-spinal system, I have deemed it rational to subject my patients to the usage of this medicament, of whose calmative and anlagesic properties I have now had such striking evidence. Out of 42 patients, the most of them ranged from 18 to 45 years, I count 6 young girls, 3 of whom are chlorotic; 12 married women, of whom 5 are neuropathic; 1 hysterical patient and 2 dyspeptics. Then come 12 young men who are hard students, but not given to excess of study, and 12 older persons, of whom 1 is gouty, 2 are suffering from renal calculi, 4 are rheumatic, 5 have heart disease, and 2 are in general good health. I add that none of my patients with the exception of the two women above mentioned, have any digestive troubles in the interval of their paroxysms; all are, however, victims of migraine, which with most of them is hereditary. All have taken antipyrine from the outset of their attacks; fifteen grains on waking in the morning, and fifteen grains an hour after. In all, without exception, after the second dose, or a little later, the paroxysm, which was wont to last all day, and even through the night, has been arrested, and the patients have been able to resume their studies, or their usual

[1] See *Maladies Simples du Poumon*, by Prof. Sée. Part 1.

occupations. In every instance the remedy has been given in half a tumblerful of cold water just before or during the morning meal; the pain has usually disappeared in twenty or thirty minutes, the second dose acting only the part of preventive.

In the interval of the attacks, I have generally given no medicine, and yet in the case of most of my patients, the paroxysms became wider and wider apart; but such patients as were subject to more frequent attacks were enjoined to continue the antipyrine in one daily dose of fifteen grains. Out of these 42 cases I have noted but one where there was any intolerance on the part of the stomach, which, however, was not difficult to treat; in one case, however, there was vertigo, and in another such general distress followed by nervous excitation that I was obliged to suspend the use of the medicine. In all the other patients—38 out of 42—the success was immediate and complete, without any disturbance of the digestion, circulation, or functions of the brain.

III. *Facial neuralgia.*—To complete the series of painful affections of the head which have yielded to antipyrine, I must mention facial neuralgia. I have notes of seven cases of tic douloureux, all of a very grave kind, two of which were completely cured. One resisted antipyrine absolutely, while four have experienced marked amelioration, and appear to be in the way to recovery. These patients had been suffering from tic douloureux from twelve to eighteen years.

During this long and frightful period of suffering, these patients had never been able, without pain, to open their mouths, to speak, to chew their food, to swallow hot or cold liquids, to expose themselves to a current of air, or to enjoy the least respite, even under the influence of morphia or salicylate of soda. These four patients are enabled now, after two months of treatment, to enjoy that freedom from pain which they had not before known for years, and to live like the other members of the family. The treatment has consisted in the daily use of 5 grammes (75 grains) of antipyrine (fifteen grains every four hours, till the entire quantity was taken). I have also relied very much on the subcutaneous injections of antipyrine—7½ grains dissolved in the same weight of water, and the whole injected for one dose—but as these injections have sometimes been painful, I have lately modified my formula, as follows: I now dissolve my 50 centigrammes (7½ grains) of antipyrine in 1.50 gramme (22½ grains) of water, to which, in order to enhance the effect, I sometimes add 1 centigramme (⅛ grain) of cocaine.

These injections act with surprising rapidity and energy. I now rely on these hypodermic injections in all inveterate cases, and during the painful paroxysms combining the hypodermic treatment with the internal administration of 5 grammes (75 grains) a day; the results in this most grave and most intractable of painful disorders have been unprecedently gratifying and surprising.

NOTES OF A CASE OF OPTIC ATROPHY AND TEMPORAL HEMIANOPSIA; SUSPECTED TUMOR OF THE PITUITARY BODY.

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I am induced to publish the notes of the following case on account of its similarity to one presented recently by Mr. Story, of Dublin, to the Ophthalmological Society of the United Kingdom. In the discussion which followed this presentation, references to other similar published cases were made, and in one of the instances quoted, a post mortem examination had revealed the presence of a tumor of the pituitary body.

Mary A., aged 15, presented herself for treatment with the following statement: As a child, she was subject to headaches, and often complained of dim vision, which would speedily disappear if she rested her eyes. For the past two years the failure of vision had been marked and unrelieved by any period or periods of improved sight. One year ago, while reading, the page became blank, and since that time reading has been impossible.

Examination of the Eyes.—R. E. sees hand move; L. E. $\frac{20}{L}$. Pupils large, 6.5 m. m. facing window, they reacted slowly to the changes of light and shade; anterior chambers natural; irides blue and alike in shade. The ophthalmoscope revealed in the right eye a small, oval optic nerve, entirely green and devoid of capillarity; out and below an absorbing pigment conus, and on the nasal side an area of choroiditis; lymph spaces along arteries full; hypermetropia, 2.5^{D}. In the left eye a small, oval optic nerve; nerve color green, but still partially capillary; vein and artery each full size; hypermetropia, 2^{D}.

The fields of vision were, as in the diagrams below, quite typical *temporal hemianopsia*. The field of the left eye was taken with a one centimeter square of white; that of the right eye with two candles, the flame of one of which was used for fixation, while that of the other was employed as the test object.

The patient came of healthy Scotch-Irish parentage, and with the exception of whooping cough and measles and the headaches before described, had had no noteworthy illnesses during early childhood. At birth three blue spots (venous nævi) were noted, one over the upper part of the left sterno-cleido-mastoid, one at the angle of the jaw, and one on the face in front of the ear. When the child was eight years old, the spot in front of the ear began to increase. At the time she was seen there was a purplish tumor, doughy and inelastic to the touch, extending from in front of the ear on a level with the zygoma, across the angle of the jaw and into the superior carotid triangle. The growth was ten centimeters in length and eight centimeters in breadth. The left auricle was of a mottled, reddish-purple color. When about ten years of age, this girl began to rapidly grow stout, so that at the time this examination was made, viz., in her sixteenth year, she presented a development unusual for a girl of her years. This growth had been symmetrical; there was no excessive development of the hands, feet or head; neither was there any deformity of the bones, nor indeed of any part except the presence of the tumor before described. Menstruation began in her fourteenth year, and she suffered severely from dysmenorrhœa. The tongue was clean, the bowels regular and her appetite good in spite of a very distressing nausea which often accompanied or followed an almost constant occipital headache. The urine was normal in quantity and color and contained no albumin nor sugar. The mental faculties were undisturbed, the knee-jerks normal and there was no anæsthesia, hyperæsthesia, nor paræsthesia, although she apparently appreciated the prick of a pin more readily on the left than on the right side. Often during the day-time this patient became very drowsy and slept for hours at a time; on awakening she was cheerful and lively. Her nights were usually good, although occasionally restless. Few days passed without these periods of drowsiness and sleep unless her mind was actively engaged. Excessive sweating, confined chiefly to the face, neck, hands and feet was a marked symptom. When last seen, five months after her original visit, no change in the ocular symptoms had taken place, except a distinct failure of sight in the left eye.

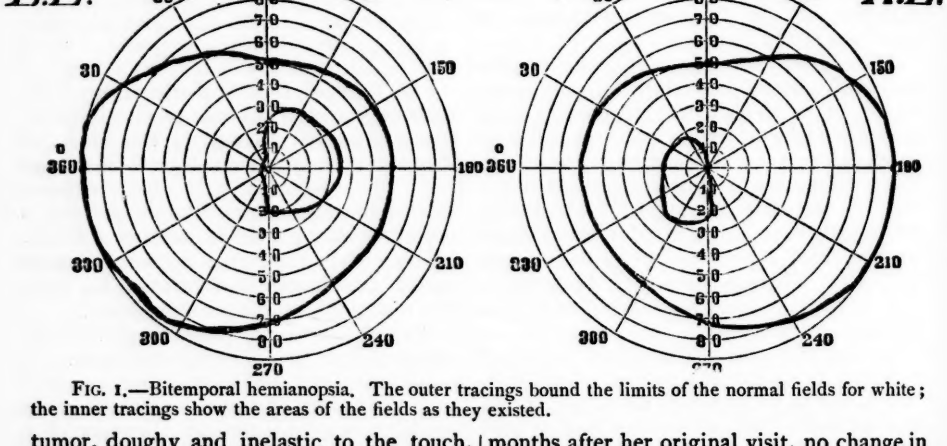

FIG. 1.—Bitemporal hemianopsia. The outer tracings bound the limits of the normal fields for white; the inner tracings show the areas of the fields as they existed.

Treatment.—This has been in the main very unsatisfactory, as it of necessity must have been, except as far as the occipital headaches and nausea were concerned. A host of sedative and depresso-motor remedies had been tried without success, but these two symptoms yielded to successive fly-blisters placed over the occiput and along the nape of the neck. Although deprived of useful sight and apparently doomed to still further depreciation of vision, her health in other respects is well-nigh perfect.

Remarks.—The prominent symptoms of the case just described were optic atrophy most marked in the right eye; temporal hemianopsia; occipital headache, nausea and dysmenorrhœa; a tendency to grow stout

and periods of drowsiness. These symptoms were closely analogous to those present in the case reported by Mr. Story (*Lancet*, July 25, 1887, p. 1283). Dr. Hill Griffith and Dr. James Anderson referred to similar cases which they had seen and placed upon record. One symptom was present in the case which I have just detailed, provided this be an instance of tumor of the pituitary body, which I have not seen in other reported cases or supposed cases, viz.: excessive sweating, especially of the hands and feet. The pituitary body is composed of anterior and posterior lobes, the former of which are made up of a fibrous stroma, which contains numerous round and oval follicles filled with epithelial cells, while the latter are formed of a vascular connective tissue, in which collections of fat granules are found. Tumor formation in this body, while perhaps not of very frequent occurrence, has still been quite often noted. Cysts have been described and reported by Zenker (*Virch. Archiv.*, vol. 12) and Weichselbaum (*Ibid.*, vol. 75). A true adenoma of this region has been observed by Weigert (*Virch. Archiv.*, vol 65); Weichselbaum (*loc. cit.*), and Ribbert (*Ibid.*, vol. 90). Klebs (*Viertelj. f. prakt. Heilk*, 125) describes carcinoma and sarcoma. Weigert (*loc. cit.*) has seen gummata and Weichselbaum (*loc. cit.*) has recorded one instance of lipoma which grew from the posterior lobes of the pituitary body. Other instances of new growth of this region will be found in the Transactions of the Ophthalmological Society of the United Kingdom. There is a very curious state first described by M. Marie (*Lancet*, 1886, vol. 1, p. 1030) and named by him *acromegalie*, in which there is an acquired hypertrophy of the upper and lower extremities and of the head, while the forearms, arms and legs remain natural or grow but little. In addition, certain of the bones are misshapen, much as they are in the condition known as osteitis deformans. In a recent paper, Minkowski (*Berlin. Klin. Woch.*, 1887, No. 21) discusses this disease, and instances are there recorded in which enlargement of the pituitary body was found at the post-mortem. It seems then that evidences of overgrowth of tissue may be expected in the cases of tumor or hypertrophy of the hypophysis cerebri, whether this manifest itself merely in a tendency to grow stout or in the aggravated condition known as acromegaly. In the case just recorded no acquired hypertrophy or deformity of any tissue was present, except the tumor of the face, although there certainly was this tendency to grow stout. Inasmuch as the very presence of a tumor in sella turcica in this case is merely a matter of surmise, it is perhaps idle to speculate upon what the nature of the growth might be. At the same time, it is not uninteresting to remember in this connection the tumor of the face and upper part of the neck. This bore the clinical characteristics of a subcutaneous venous nævus, inasmuch as it became distended when the patient stooped over, and again diminished in size when she assumed the erect posture. This growth began to enlarge in the patient's ninth year, at about which time, or a little later, the commencement of her present disabilities occurred. It is not unreasonable then to assume that at the same time an hypertrophy of the tissues of the pituitary body took place, an hypertrophy, moreover, akin in its pathological nature to that of the growth upon the face. Be this as it may, the symptoms in this case have been quite certainly produced by some form of pressure in the neighborhood of the optic chiasma, and from comparisons of other similar reported cases it is not unlikely that this pressure has been occasioned by an overgrowth of the tissues in the sella turcica.

GASTRIC DISTURBANCE FROM OVARIAN IRRITATION.

BY JNO. J. THOMAS, M. D., YOUNGSTOWN, O.

None will deny the influence which uterine or ovarian irritations or congestions are capable of exerting upon the functions of the stomach, and no phenomenon is more frequently pointed to in illustration of the relationship existing between these organs than the vomiting of pregnancy. The illustration is a well worn one, and is so frequently thrust forward that we are prone to overlook the fact that at any period of a woman's life, and during other than the pregnant condition, the most obstinate gastric derangement may be traced to the ovary or uterus. The following report of a case in point may prove of interest:

In the month of August, 1886, I was consulted by Mrs. T., aged 38, married, the mother of two children, the youngest aged 18 years. She complained principally of disturbances of the stomach, nausea and vomiting, diurnal and nocturnal. The patient was spare in flesh, as well as pale and anæmic in appearance; tongue clean and no epigastric tenderness. Finding her very reticent and indisposed to give a full and clear account of her symptoms, and happening to be in somewhat of a hurry at the time, I sent

her away with a prescription for good-sized doses of subnitrate of bismuth with a little pepsine to be taken after meals. In about two weeks the patient returned unimproved. This time she was given nitro-muriatic acid with nux vomica and gentian. I also advised counter irritation over the stomach and liver. In due time she reappeared, feeling somewhat worse. She was then placed upon small doses of Fowler's solution before and Warner's Pil Digestiva after meals. In course of two or three weeks she came again with the same old story of no improvement. By this time the feeble interest I at first took in the case was replaced by a determination to conquer both disease and patient. I questioned her closely, notwithstanding her strong disinclination to answer some of my questions, and insisted upon her submitting to an examination of the pelvic organs. With much reluctance I was permitted to make the discovery of a somewhat anteflexed uterus and an extremely tender left ovary. Here was an explanation why my previous treatment was of no avail. I immediately placed a fly blister over the ovary and began the administration of twenty grain doses of the bromide of sodium three times daily, and in less than twenty-four hours the stomach was at perfect rest. The patient slept undisturbed that night and thenceforth, whereas previously she vomited from once to three or four times every night. The bromide was used for a couple of months and finally discontinued. The only additional counter irritation applied was in the form of the ointment of the red iodide of mercury, a very limited number of applications sufficing to remove all remaining tenderness. The uterine displacement has been given due attention and the patient subjected to a course of tonic treatment with the effect of producing a very decided change for the better in the local and general condition. Not until last week was there any return of the nausea or vomiting, and then only in slight degree. Further counter irritation and a return to the bromide, will, I have no doubt, quickly cause the symptoms to vanish. Previous to the occasion of the the third consultation, I had labored under a misunderstanding of the duration of a disorder that made this woman's life almost burdensome to her, and which had caused such interference with digestion and nutrition. Imagine my astonishment at being assured that the complaint was of *eighteen year's* duration, dating from a short period after the birth of her youngest child. At least half a dozen of the ablest and most experienced practitioners in this section had prescribed for her infirmity—some of them more than once—none of them imagining the symptoms to be reflex in origin. I find no special fault with these gentlemen for committing once or oftener the error I myself fell into three times. In view of the light that now shines upon points once obscure in the etiology of disease, mistakes such as mine are utterly inexcusable. We are apt to grow careless and indifferent and to let slip facts and to lose hold of principles essential to our highest success as practitioners of medicine. Worst of all, those who confide in our skill suffer from our carelessness or indifference.

The books treat very inadequately of digestive disorders due to ovarian irritation. One of the most valuable contributions to the literature of the subject is that by Dr. J. Milner Fothergill, in *The American Journal of Obstetrics*, Jan., 1878. Much of the article is quoted from in the same author's work on indigestion and biliousness.

There is good reason to believe that the writer is not the only practitioner who has ever overlooked reflex influences in the causation of a gastric ailment. Perhaps you yourself, my more or less gentle reader, have more than once fallen into the same error. As regards the digestive organs, the signs of ovarian dyspepsia are negative. The tongue is apt to be clean, and there is no special tenderness in the epigastrium. The stomach takes offence at or rejects one article of diet as much as another. If to this state of affairs be added a decided sensitiveness in the region of one or both ovaries, you are justified in resorting to a blister. Internally, the bromides should be administered. There is no fact in therapeutics so conspicuous as the power of the bromine compounds in diminishing reflex excitability. In cases such as the one I have described the effect is sure and satisfactory. In many cases the vomiting of pregnancy may be greatly ameliorated by the use of one of the bromides. It is more than probable that an altered condition of the circulation within the ovaries is an important factor in the causation of the gastric disorders of the pregnant woman. Quite unaccountably, a possible influence from the ovaries has been almost entirely overlooked in most writings upon this subject. Dr. Bennett has shown the frequency of the association of an ulcerated condition of the neck of the womb with obstinate cases of the vomiting of pregnancy, and another author has noted the simultaneous occurrence of ulcerations of the neck and chronic congestion of the ovaries. Dr. W. Gill Wylie claims to almost invariably find either ulcerations of or an abnormally rigid or con-

stricted condition of the neck of the uterus, and states that upon the conditions being altered the vomiting ceases. Graily Hewitt finds in flexions or versions an explanation of the symptoms. Another observer insists upon spinal irritation or anæmia of the cord being at the root of the difficulty; and yet another, after canvassing the subject most thoroughly, declares all theories false and baseless, and finds refuge in "idiosyncrasy" as being an ample and satisfactory explanation of the causation of this always annoying and sometimes serious ailment. We are all aware of the influence of the cessation of the performance of the function of the ovaries at the "change of life," in producing all manner of nervous disturbance. The entire organism is often thrown altogether out of tune. The varying condition of the circulation within and about the ovaries so affect those branches of the sympathetic supplying the parts as to send forth a jarring influence from which any organ or tissue, however remote, may suffer. Is it probable then, that the sudden cessation of the function of menstruation, occurring as it does after impregnation of the uterus, is unfelt by the system in general?

I did not set out to prove that the vomiting of pregnancy was due to ovarian irritation or congestion, neither to advance a new method of treatment for this ailment; but I propose, as opportunity may occur, to interrogate the ovaries in all cases of irritability of the stomach occurring in the female, whether pregnant or not, where the symptoms are not obviously due to primary disorder of the stomach. If counter-irritants and sedatives prove inefficacious, they will but take rank with the methods and procedures which have from time to time been in vogue, and upon which various practitioners have placed some reliance, but which have signally failed to gain and retain the confidence of any considerable number of the profession.

RUPTURE OF THE HEART.

BY JOHN C. HOLMES, M.D., OF CRANBURY, N.J.

On account of the publication of many exaggerated newspaper reports, and because of the fact that I have received a number of letters of inquiry from physicians, I have concluded to give an account of the following case of ruptured heart which occurred in my own house.

Susan Orque, a colored woman, forty years old, had been a servant in my family for seven years. During this time she had never lost a day from sickness, and never complained of any cardiac disease.

At 10 o'clock P. M., Aug. 22, 1887, she was found upon the floor of her room. She had done the usual Monday washing and had gone to her room, apparently perfectly well. I was absent from home, and Dr. Symmes, of this place, was sent for. He found her only partly conscious, beating her chest, pulse 100 and very weak, in a cold sweat and with convulsive movements of lower limbs. He administered sulphate of morphia and whiskey; after this the patient revived and became entirely conscious. She said indeed that she was *well*, without any pain, and wished to sleep. Dr. Symmes then left.

I returned home at 3.30 A. M. and found the woman asleep, pulse 80, respiration 20, and no indication of anything like heart disease. I again went to her room at 7 A. M. and found her awake and apparently doing well; she said she was "all right," excepting a slight headache. I was then called away, but at 10 A. M. I was sent for to come home, and was told that the woman had given a gasp and had died in a moment.

Under the circumstances I deemed a post mortem examination necessary, and accordingly sent for Dr. Rice, of New Brunswick, the County Physician, who made the autopsy 24 hours after death. The following conditions were found: rigor mortis well marked; a large amount of adipose tissue, two to three inches thick on abdomen; hypostatic congestion of lungs; rupture of right ventricle of heart, one inch long; pericardium full of blood; valves of heart sound; hypertrophy and dilatation of right side of heart; slight hypertrophy of left auricle; fatty degeneration of entire heart.

The woman had lived just 24 hours after she fell on the night of the 22d. Perhaps a clot had closed the rupture for this length of time, and perhaps the morphia and whiskey held her awhile.

It is singular that this woman had never complained of any cardiac disease, nor ever had any previous sickness.

Tanner mentions a case of rupture of the heart without any previous symptoms of disease. Ziemssen cites a case in which death did not take place until after eleven days.

—Scarlet Fever is epidemic in London. Eleven hundred and fifty three cases had been treated up to September 13, but the type of the disease appears to be mild.

Society Reports.

AMERICAN GYNECOLOGICAL SOCIETY.

The Twelfth Annual Meeting of this Society was held in the Hall of the Academy of Medicine, New York, September 13th, 14th, and 15th, 1887.

WEDNESDAY, SEPTEMBER 14TH—SECOND DAY—MORNING SESSION.

The President, in a few remarks, called attention to the death of Dr. John Scott, of San Francisco, Cal., and appointed Dr. Thomas Addis Emmet to prepare a memoir for the published Transactions.

Dr. C. D. Palmer, of Cincinnati, O., read a paper on

"The Therapeutic Value of Some Medicines in the Treatment of Hemorrhagic Conditions of the Uterus."

The author referred to the fact that very few papers on the medicinal treatment of hemorrhagic affections of the uterus appeared in the eleven volumes of the Transactions of the Society. In hemorrhage from the uterus, it is important to remove the cause where this can be found. The object of the paper was to speak of the value of certain internal remedies, and their fields of utility.

No drug is more frequently used than ergot. This is beneficial in many cases, but may aggravate some. It is of service in chronic hyperæmia and in sub-involution. Its effects are less marked in nulliparæ than in multiparæ. In the treatment of uterine fibroids between the use of galvanism and of ergot, the field of laparo-hysterectomy must be a limited one. The hemorrhage from fungoid degeneration and from ovarian irritation is better met by other remedies. In some cases of pelvic peritonitis and pelvic cellulitis, the hemorrhage has been increased by the use of ergot.

Digitalis in appropriate cases is of service. It is reasonably reliable in uterine hemorrhage, due to cardiac trouble. In atonic conditions of the circulation, weak heart and low arterial tension, which tend to induce passive hyperæmia, digitalis may be used.

Cannabis indica has been the subject of diverse claims. The drug varies much in strength. It acts more especially on the nervous system. Its indications are imperfectly defined, and its effects uncertain.

Bromide of potassium is useful in certain hemorrhagic states. It is indicated where there is sexual excitement and ovarian congestion and irritation. It is not so useful where hemorrhage is due to uterine irritation, although in some cases of fibroid tumor the author had found it more useful than ergot.

Arsenic is of service in uterine hemorrhage. It is not prompt in its action, but in appropriate cases it is effective. It acts as a tonic, stimulating all the functions, and especially those of the skin and mucous membrane. In chronic endometritis, with or without fungoid degeneration, a course of arsenic will be of material service. It is of value in the cure of young girls when menstruation appears too frequently and continues too long. In menorrhagia, at the time of the climacteric, it is of service, although its effect is less decided than in the former group of cases. Arsenic is a good remedy in menorrhagia of malarial origin.

Gallic acid is the best representative of the astringent class of remedies, and has been repeatedly tested in hemorrhage due to uterine atony. Its large dose, unpleasant taste and tendency to disorder digestion, limit its use.

It is the custom with many to use iron in the intermenstrual period. Iron tends to promote pelvic congestion and is almost universally injurious. Where there is menorrhagia due to hyperæmia, the muriated tincture of iron is beneficial.

Viburnum prunifolium, hydrastis canadensis and gossypium have been recommended. Dr. Garrigues has reported one hundred and thirty-nine cases of uterine hemorrhage from various affections in which he used gossypium with the result of relieving the hemorrhage in one hundred and twenty-five cases.

The last remedy referred to was hamamelis. If thoroughly tried, this is usually efficacious. The author has employed this drug with satisfactory results for six or eight years. It is not equally potent in all cases of uterine hemorrhage. For active, profuse hemorrhage, it is inferior to ergot; but for slight, long continued flux, where the blood is dark and venous, the hemorrhage being passive in character, it is the remedy *par-excellence.* This condition occurs in flabby sub-involuted uteri after delivery or abortion, in some forms of chronic endometritis, in chronic retroversion and in some fibroids. The author has also used it with good effect in several cases of vesical hemorrhage from papilloma. The best preparation is the official fluid extract in doses of a few drops to two drachms. None of the remedies here mentioned were intended to supersede local medication where that was indicated.

Dr. Fordyce Barker, of New York, said: I believe that every one of the remedies mentioned is of special value in certain cases, and success in treatment depends upon a careful selection of the cases. A drug useful in one class of cases may be inert or injurious in another class of cases. Arsenic is useful where the system is broken down and the patient is approaching the climacteric. It is useful not only from its tonic effect, but also from its effect in controlling vaso-motor disturbance. It is of special value if three or four days before each menstrual period, the patient is put on rather free doses of bromide of potassium. The arsenic is used only in the intermenstrual period.

Where the hemorrhage continues and is profuse, the most valuable remedy is the fluid extract by hydrastis, combined with fluid extract of hamamelis, half a drachm of each being given. Six or eight drops of tincture of nux vomica may be added if there is an atonic condition.

I have used viburnum prunifolium largely in passive hemorrhage occurring at an early period of gestation, and in threatened abortion. I have found great benefit in cases toward the climacteric in the use of protiodide of mercury, with iron and a small quantity of opium.

There is another class of cases not specially alluded to, marked by profuse hemorrhage in very young girls, perhaps at the first menstrual period. In one of these cases where hemorrhage was exceedingly profuse, I relieved it by introducing a cone of alum wrapped in a piece of linen and passed it into the vagina. This restrained the hemorrhage. In other cases, I have relied on ergot and gallic acid, five drops of the former with five grains of the latter dissolved in mucilage.

Dr. Lloyd Roberts, of Manchester, Eng., said: I have very little confidence in any drug except ergot in the treatment of uterine hemorrhage. The great point in the use of ergot is to get a good preparation. In cases of hemorrhage at the menopause, where the uterus is flabby, and in the case of young girls, the best results are obtained by giving it in the intermenstrual period. In malarial hemorrhage, I have found quinine better than arsenic. Gallic acid is the next best remedy to ergot. I think that the good effects of gallic acid are due to its local action. Except in cases where the hemorrhage is due to congestion of the ovaries, I should think that the use of bromide of potassium would be of little benefit.

Dr. W. Balls Handley, of Melbourne, said: I do not see how the remedies referred to are going to act in restraining hemorrhage. If their use is to be supplemented by operative measures, it is hard to say what does the good. Take a case of fibroid tumor: the growth is surrounded by muscular fibres. There does not seem to be the slightest impression in the minds of those who have spoken, that if these drugs can cause contraction of the muscles, they may cause the tumor to be forced towards the peritoneal cavity. I have given ergot and I cannot say that I have had the slightest benefit from its use. We must consider the natural history of these affections. Some fibroids increase very slowly, while others grow very rapidly. I have never seen the growth of one of these stopped by the use of ergot. I have thought that I have had some effect from the action of ergot locally applied, a piece of cotton being saturated with the fluid extract.

I would speak of one remedy, that is the tincture of the sesqui-chloride of iron. Some of these women are so anæmic that they go on bleeding simply because there is no power of contraction. In these cases the preparation referred to, in doses of half a drachm three times a day, is of value.

Dr. J. A. S. Grant (Bey), Cairo, Egypt, said: Two years ago I was called by a doctor to see a patient who had a tumor. Uterine hemorrhage recurred every ten days. I found a history of syphilis, and as hæmostatics had been thoroughly tried for months without effect, I decided to use mercury; stimulants and cinchona bark were also given. The hemorrhage ceased, and the tumor, which was as large as a child's head, gradually diminished in size, and in three months the woman was able to return to work.

Dr. H. P. C. Wilson, of Baltimore, said: When I exclude cases of sub-mucous fibroids, cases of granulations and cases of polypi, the number of instances of uterine hemorrhage is very small. I have very little confidence in any remedy as a hæmostatic in these cases. The most trouble is experienced in young girls commencing menstruation. In these cases attention should be paid to the general health, the bowels should be regulated and exercise enjoined.

Dr. James R. Chadwick, of Boston, said: I will speak of one remedy which I have found peculiarly efficacious, and that is Chian turpentine. I have used this in hemorrhages from all causes with surprising results. In one case a young lady had been losing blood for the greater part of two years. Dilatation had been done and curetting had been employed on several occasions. I could find no

definite cause for the bleeding. She was given six grains of Chian turpentine three times a day. Menstruation at once became regular and has remained regular. I think that ergot given between the flows is of more service than when given during the hemorrhage. During the flow I am in the habit of giving aromatic sulphuric acid.

Dr. Wm. L. Reed, of Glasgow, said: I would merely refer to a drug which was formerly used. In certain cases where no apparent cause could be found, and where ordinary hæmostatics failed, I have found alum of service given in doses of twenty grains a day. When the immediate attack has ceased, I give sulphate of magnesia with sulphate of iron. I have great confidence in arsenic where there is disease of the endometrium. I prefer the iodide of arsenic.

THURSDAY, SEPTEMBER 15TH.

Dr. Robert Battey read a paper on

Battey's Operation: Its Matured Results.

In August, 1872, the author performed his first operation for the removal of the functionally active ovaries for the relief of otherwise incurable troubles. Up to the present time there have been no statistics as to the ultimate effect of the operation. Reports have been given showing the immediate results, but none showing the results on the affection for which the operation was performed. All the cases reported in this paper have been traced carefully up to the present time. They were all the subjects of a complete Battey's operation, and had all been operated on a year, or longer. The name "Battey's operation" was retained, as it expresses the idea of the induction of the change of life artificially for the relief of disease, and this idea is included in none of the other terms, such as spaying, oöphorectomy, etc. Fifty-four cases were reported in the present paper. Of these, thirty-three were cured, eight were much improved, five were slightly improved, and eight were not at all improved. In fifty of these cases a complete menopause was induced, and in four there was a continued pseudo-menstruation. The detailed histories of a number of typical cases were then given. The following conclusions were then presented:

1. The change of life is the most important factor in securing the complete result of this operation.

2. In exceptional cases the cure almost at once follows the operation, but in the vast majority of cases the patient must pass through the ups and downs incident to the change of life, before the restoration to health is complete.

3. The length of time required to pass through the nervous and physical perturbation attendant upon the change of life is variable. It may be one year, or it may be three or five years.

4. Of the cases operated on, a few were no doubt badly selected, and the proper selection of cases is a problem yet to be solved.

5. Patients who have become addicted to the habitual use of morphia, opium, chloral or alcohol, can not be restored to health until the pernicious habit is abandoned.

6. Cases which are the proper subjects of this operation, if allowed to suffer, eventually reach a stage where they become absolutely incurable by any operation.

7. In a number of cases the patients were in no wise benefited by the operation. In several of these the indications seemed clear and unmistakable.

8. In some cases, neuralgic pain remained. How much this was due to an unabsorbed ligature was a question to be considered.

9. A careful analysis of the cases seems to show that the removal of the tubes with the ovaries had no influence in the establishment of the menopause. The only effect of their removal being on the disease of the tubes themselves.

10. The operation is not an infallible one; the percentage of failures recorded is a notable one; but when it is remembered that the cases included are only those otherwise incurable, each case cured is a positive gain. A like percentage of cures in cases of cancer of the uterus, or of cancer of the breast, would be an achievement of the greatest magnitude.

In reply to the various questions asked of Dr. Battey, in the discussion which followed the reading of his paper, he said: I would say that I do not restrict the term Battey's operation to the removal of the ovaries. The removal of the ovaries is not a necessary constituent of the operation. Battey's operation consists in the induction of the menopause, no matter in what way it is brought about. The removal of the ovaries does not always bring about the menopause; the removal of the ovaries plus the tubes does not invariably cause the menopause; the removal of the ovaries, plus the tubes, plus the uterus does not always bring about the menopause. In my experience the ovaries are always diseased, but this is simply an accident of the operation. The operation is not done for the removal of diseased ovaries. Battey's operation is no

normal ovariotomy. I entirely repudiate that term. As a rule, I remove only the ovaries; but in a small proportion of cases, I remove the tubes, but only when the tube is the seat of positive disease, such as pyosalpinx or hydrosalpinx. The condition of the uterus varies in each case. I do not insist upon visible changes in the ovary to justify its removal. I rest for my justification on the urgent necessities of the case and on the fact that nothing else effective has been proposed. I do not operate until all other measures have failed.

Editorial Department.

Periscope.

A Case of Placenta Prævia.

Dr. Nixon writes as follows to the *Med. Press and Circular*, August 24, 1887: Placenta prævia, complete or partial, is very seldom met with in midwifery practice. Dr. Ramsbottom states in his work that out of 48,996 cases of labor attended by him and his brothers in the Royal Maternity Charity from the year 1820 to 1850, they only met with 51 complete, and 31 partial, extrusions of the placenta.

The following is only the third I have met with during twenty-eight years' practice, and as it contains some points of interest for my younger brethren, perhaps you will give it space in your journal:

On March 23d, 1887, at 10.30 P.M., I received a note from a nurse in a neighboring district, requiring my attendance at once in a case, as she stated, of abortion. On my arrival I found my patient anæmic, almost pulseless, and a voice hardly above a whisper. Judging by her state that a recurrence of the hemorrhage would be fatal, I almost gave up all hopes. On inquiry I ascertained that she was seven months *enceinte*, and that this would be her tenth child, and that she had felt the life in it during the day. I gave her some brandy and ammonia, and waited until her syncopal state was removed before I proceeded to examine her. I found that the nurse had used the tampon, and applied cold applications which had lessened the hemorrhage, but still there was a good deal of weeping. Lubricating my hand and wrist with carbolized oil, I introduced my fingers, and was surprised to find the os nearly fully dilated, and a soft fleshy mass protruding. I at once diagnosed placenta prævia. On consideration, I came to the conclusion that the only chance for her life was immediate delivery, for if she had another attack of hemorrhage the case would be hopeless. Having given her a dose of ammonia and liq. ergotæ (Long's), I proceeded to introduce my left hand under the impression that I would have no more difficulty in passing it through the thin edge attached to the uterus, than in my former cases, but I found myself very much mistaken. I could find no thin edge; there was nothing but a solid mass, which took me an hour to work my hand through. I at last succeeded in entering the uterus, and without much difficulty performed podalic version, there being little liq. amnii. I found a great tension on getting hold of one of the child's feet, but after a time I succeeded in bringing down the left leg.

I expected that the case would be immediately terminated, for I have found as a general rule from a quarter to half an hour is only required to terminate a case of turning. I used, as I always do, most gentle traction for the purpose of letting the breech pass as slowly as possible, with the object of making room for the head, so as to give the child a chance for its life.

I had the left leg just emerging from the orifice of the vagina, when to my horror it (the foot) came away in my hands, leaving the tibia and fibula bare. I had then to reintroduce my hands and arm, and under the circumstances found a greater difficulty in seizing on the right foot, but on bringing it down the foot parted in the same manner. I found it almost impossible to hold the two extremities together, or make the slightest effort for the propulsion of the child. Fearing laceration of the vagina from the exposed bones, I wrapped the extremities in a piece of calico and tied them tightly together. I then got hold of one of the knees, but all my efforts were useless in advancing the labor. I came to the opinion that evisceration was the only remaining resource, but at this stage my patient requested me to desist, as she wished to see the clergyman. I was not sorry, as I had been four hours on my knees, and giving her a dose of ergot in the hope of its producing pains, as the extremities had again receded, I retired until the clergyman left. On my returning, I was rejoiced to find that there were some slight pains, and I was enabled to place my finger

into the child's anus; after a time I succeeded in placing a blunt hook in place of my finger, which was a relief as it was cramped. I then, having more leverage, at length brought down the abdomen, and on its emerging I was graciously saluted with a number of jets of water, the child being in a state of decomposition, and must have been dead some days.

How the mother could imagine having felt it alive so recently is a mystery. The head was quite soft, the bones overlapping; the hands were on both sides of the occiput, and I expect the delay in the delivery was due to the elbows resting on the pelvis, as I have found the same to occur in other cases of version. The placenta came away without any trouble, but in all my experience I never saw one like it. It resembled a thick steak being two inches at the thinnest edge, and three in the middle; it had a most unhealthy color; the cord was a finger thick. There was a fleshy tumor contained and attached to the placenta, which appeared to me as a blighted conception. There was little or no hemorrhage, but a great deal of collapse on the termination of the labor, brandy, ammonia, and ergot, however, set my patient all right. The labor was not terminated until 5 o'clock the following morning. No bad effects followed, except debility, which nourishment removed, and the fœtid lochia, which disinfecting injections cured. One thing is certain in this case, that if I had abided by the nurse's statement the patient would have died of blood-poisoning, as in a case to which I was called some time ago in consultation, a decomposed child was left too long *in utero*, and the result was the patient's death.

Extirpation of the Cricoid Cartilage for Enchondroma.

Böcker, of Berlin, reports in the *Centralblatt für die gesammte Therapie*, June, 1887, the case of a man, aged 62, on the cricoid cartilage of whose larynx there was a hard tumor as large as a hazel-nut. After performing tracheotomy, examination with the finger showed that the tumor was not movable, but embodied with the flat and also curved surfaces of the cricoid cartilage. The operator then introduced a tampon canula, and split the larynx to the hyoid bone, sawing through the thyroid cartilage, and extirpating the cricoid cartilage, leaving the arytenoid cartilages behind. The tumor proved to be an enchondroma, with the formation of spongy bone-substance in its interior. The patient recovered from the operation, but was obliged to wear a permanent canula, as the vocal cords otherwise approximated on inspiration. Deglutition was unimpaired, and the patient was able, by stopping the aperature of the canula, or by using Brun's canula, to speak, although the voice was raw and hoarse in quality. At the end of a year the patient remained without any indications of a return.—*Therapeut. Gaz.*, July, 1887.

The Stimulating Action of Atropine.

With reference to the employment of atropine as an antidote in morphia poisoning, which was condemned by Lenhartz at the last meeting of the Society of Naturalists, Binz has instituted a number of experiments in which the strength of the breathing was measured by the quantity of expired air. From these it results that the respiration which is slowed by morphia is quickened by atropia, and besides, the general reflex excitability is increased. The convulsions which are observed in animals in morphia poisoning, do not come into the practical part of the question, for morphia in man is not a convulsive poison; most cases of death are due to direct paralysis.—*Centralblatt f. d. med. Wissensch.*, July 30, 1887.

Eczema at the Menopause.

M. Cheron recommends the following treatment:

1. Take at each meal, in colored water, a coffeespoonful of the following:

Arseniate of soda	gr. vij
Distilled water	℥v

2. Take twice as a purgative:

Citrate of magnesia	℥j–℥jss
Syrup of gooseberries	℥j
Water	q. s.

To be taken in two doses, at 15 minutes interval. Diet: vegetable soup or weak tea, after the first stool.

3. Apply very gently every night this ointment:

White precipitate	gr. xv
Vaseline	℥j
Essence of roses	♏ ij

4. Every eight or ten days inject, subcutaneously, six to ten drops of

Nitrate of pilocarpine	gr. ij
Distilled water	℥j

The latter is contra-indicated if there be disease of the heart or large arteries—*Canadian Practitioner*, September, 1887.

Unnatural Intercourse Between a Dog and a Man.

Brouardel, at a meeting of the Society of Legal Medicine (August 8th, 1887), reported the following observation of a physician of Orleans who desired to remain unnamed. This physician was called to a young servant, eighteen years old, who was said to have received a wound from a fall. The stable, where he was said to have fallen, had traces of blood upon the ground, but nothing was seen to explain the origin of the wound, which proceeded from the anus and was ⅓-½ an inch long. Finally the young man confessed that he had been in the habit of letting a hunting dog, of a fine fiery disposition, have intercourse with him. While he had been thus engaged, he was called into the house and sought to separate himself from the dog, but could not, and in the greatest despair, tore the penis of the animal out with all his might. In doing this the anus was torn just as the perineum is torn by the passage of the child's head through the vagina. —*Deutsche Medizinal-Zeitung*, August 22d, 1887.

Diabetes.

At the Ninth International Medical Congress, Dr. Pavy, Senior Physician to Guy's Hospital, read a paper on Diabetes, of which the following is a brief abstract:

In this disease, which has always been regarded as an inscrutable one, there are still many points open for earnest study and patient investigation. The nature of the disease is that of faulty disposal and assimilation of food, especially of starch, dextrine, glucose and cane sugar, and each has an equal action, when ingested, in causing the condition of diabetes.

Normally the carbohydrates are disposed of in the portal vein, from whence they are carried to the liver and there assimilated. Experiments in which defibrinated blood or oxygen have been injected into the portal vein have been followed by marked evidences of sugar in the urine. Similar results have been produced in animals by forced respiration, thereby supersaturating the blood with oxygen. Vaso-motor paralysis of the hepatic vessels, by causing an excess of blood, prevents the proper deoxygenation of the blood, and similarly causes sugar to be present in the urine. This condition allows the carbohydrates to be converted into sugar and pass through into the general circulation.

In the celebrated experiments of Bernard, in puncturing the floor of the fourth ventricle, he also noticed a vaso-motor paralysis of the hepatic vessels. It is noticeable that in those cases of vaso-motor paralysis of the chylopoëtic system where there is a red tongue the disease is more severe, undoubtedly owing to the fact that the paralysis has extended more generally throughout the circulatory system.

In health, there is only a faint trace of sugar in the blood and urine. The latter is always a reliable index as to the amount of sugar in the blood. In diabetes, the sugar reaches the blood directly, without going through the process of assimilation in the liver. In health, sugar is stopped before it enters into the general circulation, but in diabetes it is found in the blood directly in proportion to the quantity of carbohydrates taken. Sometimes even in health there is sugar in considerable quantity in the urine, in cases where there has been taken very large quantities of the carbohydrates, showing that there is a normal limit to the assimilative power of the liver, which, if exceeded, will result in a diabetic condition. The liver is a fat, rather than a sugar-producing organ, converting animal starch into sugar and then into fat. The liver is different from other organs in that it has small arteries and large veins. The contents of the portal vein should be in a decidedly venous condition, otherwise we will get sugar into the general circulation.

Diabetes is of neurotic origin, and it is well established that nervous conditions influence in a material manner the condition of the patient. The test for sugar in the urine should be a quantitative one.

In selecting urine for examination, it is necessary to procure both an evening and a morning specimen. It frequently occurs that sugar is only present directly after the taking into the body of carbohydrate foods. It is owing to the fact that specimens of the urine are procured at different times and under different conditions of diet that physicians differ so often in the diagnosis of diabetes. Among the various tests for sugar probably the most accurate is the copper test in the form of Fehling's solution. The great objection is that this solution will throw down a precipitate on boiling, which is very liable to mask the test. In order to obviate this I have had pellets made of the solid ingredients of this solution, in an anhydrous form, such as can be at any time dissolved in water for use.

It is well to note, in passing, that in diabetes we sometimes find albumin in the urine, and this is often present just in pro portion as the patient improves or gets worse

A test for albumin, which has no known fallacy, is that with citric acid and the ferrocyanide of sodium. The objections to the nitric-acid test are that it may precipitate either uric acid or the oleo-resins. In the above test, if a pellet of citric acid is dissolved in the urine and boiled, we may then get a precipitate of uric acid, but upon the addition of the ferrocyanide of sodium the solution invariably clears up unless albumin be present.

In considering the disease itself, we find it has different grades and intensity, but diabetes may be said to exist when the assimilative power of the liver is below the ordinary. When a person first comes to have diabetes, as has been stated, it is through faulty assimilation; but as the disease progresses, the sugar is formed from the tissues themselves, as is proved by its constant presence when the patient is upon a strictly meat diet.

Age influences greatly the occurrence of the disease. Out of 1360 cases tabulated, forty-five per cent. occurred between forty and sixty years of age. Age also affects prognosis; young subjects rarely recover, the disease ordinarily terminating in two years. In older people the prognosis is more favorable, many recovering. One reason, possibly, for the tendency of children to do badly is that they take unsatisfactory care of themselves, while elderly persons are oppositely inclined.

Diabetes sometimes commences in a very mild form, and may exist a long time unrecognized. How do we know it is not recognized? It is said that bootblacks in hotels become expert in recognizing diabetics by the white stains on their shoes and clothing caused by coloring matter from their urine.

Then, too, diabetes runs in families in a very marked manner. One of the most striking instances of this was in a family which came under my observation, where the grandmother, the mother, and four out of her five children died of diabetes.

Recently I have found many cases beyond the middle period of life having pain in their limbs, which was formerly called neuralgia; they also have an irregular gait, somewhat ataxic. They sometimes feel as if they wanted to "gather themselves together," so that they may walk without giving their friends the impression that they have been taking too much. Again, they have the peculiar symptoms of pains in their extremities and "throughout the bones," which are much worse when they get warm in bed. This probably is, or analogous to, a peripheral neuritis.

In treating young subjects we must try merely to stay the disease; we cannot stop it. If we take away the sugar, the patient temporarily improves, and believes himself cured; but he is borne up only by false hopes.

In young subjects it seems to have a progressive character, not unlike progressive muscular atrophy, or of locomotor ataxia. For elderly patients we can do much. Appropriate diet is absolutely essential. Sweets, pastries, puddings and bread must be interdicted; while meat, eggs, poultry, butter and cheese may be taken. In regard to milk, it must be remembered that it contains lactic sugar, and, therefore, also cannot be taken.

In regard to bread, the gluten and almond breads are preferable, especially the latter, which contains fifty per cent. of fatty matter, and only seven per cent. or eight per cent. of carbohydrates. The medicinal agents which I give are opium, morphia, and codeia, which I think exert a restraining influence over the disease.

If the sugar disappears from the urine I commence to give my patient two ounces of bread daily; if, after a few weeks or months, I still find no sugar, I give him three ounces of bread, increasing in this manner until I give him six ounces, with which quantity he must remain content. If the bread causes the sugar to re-appear, it must not be taken.

We have seen that if there is sugar in the urine, it must be proportionately so in the general circulation. An excess of sugar in the blood predisposes to disease. The patient is then "ripe for anything wrong."

Dr. Pavy, on being asked by Dr. Herrick whether he considered the condition of the urine the objective point in the treatment, or if he aimed his treatment directly to the abnormal condition in the portal and hepatic circulation, replied that he looked upon the lessening of sugar as an evidence that the assimilative power for the carbohydrate was improved. The urine is an index of sugar plus the power within.—*N. Y. Med. Record*, September 17th, 1887.

The Operative Treatment of Serous and Purulent Pleuritic Exudations.

Most of this interesting paper by Immermann (*Deut. Med. Wochen.*), is taken up with the consideration of the question, "When is one justified in operating?" The question is answered under four heads; namely, (1) the duration of the illness, (2) the amount of the exudation, (3) the state of the temperature, (4) the character of the exudation. Leaving these, which are an-

swered much in the usual fashion, I shall simply try to describe his method of operation as shortly as possible. It is a system of drainage by a single tube acting as a siphon, and is, in fact, an incomplete form of Dr. Robertson's drainage system, described by him in this journal. An air-tight india-rubber tube filled with aseptic fluid and clipped at the end, is introduced into the chest cavity by slipping it quickly through the lumen of a trocar, previously introduced and fitted with a stop-cock, momentarily opened to let the india-rubber tube pass in. The trocar is then drawn out of the chest, leaving the tube in. A clip is placed on the tube pretty close to the chest wall. The clip at the lower end of the tube is then removed and the trocar slipped off the end of the tube altogether. The tube is fixed by a bandage, and then the clip, still left near the chest wall, removed. The fluid in the pleural cavity flows gently out through the siphon, and the lung rises up and fills the vacuum as it forms. The fluid flows into a receptacle set on the floor—a bottle partly filled with disinfected water, and with its cork perforated by a glass tube, or better, with a double tube, one for discharging and one for sucking, etc., so as to dislodge the coagula that are apt to block the tube. As the discharge diminishes a small flask takes the place of the bottle, and the patient may walk about with this little flask in his pocket.

The tube may be used as an irrigator as well as an aspirator in cases where the discharge is offensive.

The results are excellent. One patient, aged 39, in less than two weeks after the operation was able to be up and sit or walk. There was then a scanty serous discharge which, in the course of the following month, got always less. The tube was gradually withdrawn from the chest and snipped off below, and a complete cure resulted.

In some cases the operation is useless, *e. g.*, when the chest walls are much sunken, the lung bound down by adhesions, or otherwise prevented from expanding, and when there are old firm coagula in the pleural cavity. This last mentioned hindrance is, however, often obviated by the clots breaking up and forming a sort of emulsion, which finally becomes a serous discharge.—*The Med. Chronicle*, August, 1887.

Mental Overwork in Schools.

Mental overwork and the bad hygienic condition of the schools of large cities have aroused a great deal of interest and discussion among French physicians.

At a meeting of the Academy of Medicine at Paris, August 9, 1887, the subject received full consideration. Resolutions introduced by MM. Trélat and Hardy were discussed, and were referred to M. Brouardel to be embodied in one. The latter subseqently read the following resolutions:

1. The Academy of Medicine calls the attention of the public authorities to the necessity of modifying the present system in our schools so that it shall conform to hygienic laws and to the requirements of the physical development of the pupils.

2. It thinks that boarding schools and colleges should be established in the country; that a large open space ought to be reserved for recreation; that the class-rooms should be improved as regards light and air.

The course of study should be simplified. The Academy especially insists upon this point, that the time allotted to sleep should be lengthened for young children.

Moreover, for all the pupils, the time devoted to study and in the class-rooms, that is to say, the time during which the pupils are seated, should be reduced, and the time for recreation and exercise proportionately increased.

The Academy considers it absolutely necessary to submit all the pupils to daily exercise in physical training adapted to their age—such as walking, running, jumping, formations, calisthenics and gymnastics, fencing of all kinds, sports, etc.

The Academy voted nearly unanimously for the resolutions, with the exception of the last paragraph which, however, was carried against two or three dissenting votes.—*Le Concours Médical*, August 13, 1887.

Book Reviews.

Practical Lessons in Nursing.—Maternity, Infancy, Childhood. By Dr. John M. Keating, M.D., Visiting Obstetrician and Lecturer on Diseases of Women and Children, Philadelphia Hospital, Philadelphia, etc. 8vo., pp. 221. Philadelphia: J. B. Lippincott Co., 1887. Price, $1.00.

Dr. Keating's book will be welcomed by those interested in the rearing of children, be they doctors, mothers or nurses. The manner in which the subjects are treated makes it one of the most valuable works of its kind with which we are familiar. Its suggestions—whether of advice or of warning—are so sensible, its directions are so plain and prac-

tical, and the line drawn between what parents and nurses may undertake and what they should refer to a physician is so clearly defined, that we do not hesitate to recommend it to our readers to be recommended by them to their patients.

Vaso-Renal Change versus Bright's Disease. By J. Milner Fothergill, M. D., Edin., Physician to the City of London Hospital for Diseases of the Chest, etc. 8vo, pp. 219. New York: G. P. Putnam's Sons, 1887. Price, $2.50.

This book has the characteristics of most of Dr. Fothergill's works. It contains a valuable thought, not altogether novel, presented with great assurance of its correctness, and supported by citations of the author's observations and opinions, as well as those of other medical men. Its literary style is in keeping with the title, which is more sensational than we believe appropriate for a medical work. It is entertaining reading, although not entirely convincing, and is marred by certain errors of taste, such as the following allusion to an unsolicited conversation with a "lady friend of an old patient" (pages 145–146): "Now the manner in which these remarks were said, made all the difference between a very aggravated form of impudence and an interesting conversation devoid of offence; and making a strong impression on the lady's mind."

The whole account of this conversation is so entertaining that we regret we have not space to reproduce it. A more censurable breach of taste is to be found in the part of the book which the author playfully calls "L'Envoi," where he makes a comparison between himself and the Royal College of Physicians, which we regret to say is disparaging to the latter. The publisher's part of this book is admirably done: paper, printing, illustrations are beautiful.

Syphilis. By Jonathan Hutchinson, F.R.S., LL.D., Consulting Surgeon to the London Hospital, etc. Small, 8vo., pp. xii, 532. Philadelphia: Lea Brothers & Co.

This is one of a series of "Clinical Manuals for Practitioners and Students of Medicine," published in England and reprinted in this country. It is by no means the equal of some of the other members of the series, containing but a small amount of direct discussion of the subject and a large amount of padding in the way of "cases."

The book contains a number of interesting observations and valuable practical suggestions in regard to syphilis. But, unfortunately, Mr. Hutchinson is one of the few eminent students of syphilis who still adhere to the theory of unicism, regarding the simple venereal ulcer (chancroid) as due to the same poison as the initial lesion of syphilis (hard chancre). This heresy taints all his teachings. A characteristic illustration of this may be seen in the book before us (page 99), where he gives this advice about the treatment of venereal sores: "The best plan is to give ether, and then very deliberately employ the Pacquelin's cautery in the most remorseless manner." If our readers wish to lose their patients and to shut themselves out from learning anything in regard to the true nature of syphilis, we advise them to follow this recommendation. If they wish to learn about syphilis and to treat it correctly, we would advise them to get any one of several excellent books on veneral diseases by American authorities.

A Practical Treatise on the Diseases of the Hair and Scalp. By George Thomas Jackson, M. D., Instructor in Dermatology in the New York Polyclinic, etc. 8vo, pp. 356. New York: E. B. Treat, 1887. Price, $2.75.

The author of this work states, in his preface, that five years ago he was in need of a complete treatise upon the diseases of the hair, and, finding none of recent date, he began the studies which have resulted in the present volume. These studies have been very thorough, as may be seen from the very extensive bibliography with which the book ends, and also from the amount of information which is crowded into the volume. It would be impossible, with the space we can spare, to analyze its contents, and we content ourselves with recommending it to our readers as by far the most complete and satisfactory work on the subject with which we are acquainted.

Literary Notes.

—The *Century* for October contains the usual array of interesting articles and admirably executed pictures. College men and physicians will be interested in a paper by Alexander Johnston on Football, in which the game is warmly and strongly advocated.

—The American edition of *The Illustrated London News* for September 24th is a very handsome and instructive number. "Ayoub Khan, the Exiled Afghan Prince," "The Burning of the New Theatre at Exeter," "The North Sea Trawling Fleet," are among the illustrations in this issue.

THE

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N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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STUDIES IN THE PUBLIC SCHOOLS.

In another part of this number of the REPORTER we publish an abstract of an interesting paper on the subject of the strain to which many children are subjected by their school duties. This is a subject worthy of the attention of all men, and especially of medical men, who are concerned in everything which affects the health of the community. It has not been altogether neglected in this country, where many medical men are members of the board of directors who govern the schools. But it is a subject which deserves even more attention than it gets. In spite of the wise measures which have been adopted in many localities to arrange judiciously the duties of scholars, and to improve the conditions under which they must be performed, there is still room for improvement.

We are well aware that it is not easy to suggest a way to make this improvement. It is easier for one who is neither school-director nor teacher, to say that scholars should not be forced along in large classes, without regard to their differing attainments and mental capacities; but it is not easy to say how this is to be avoided, especially in public schools. Still the effort to do something in this direction must not be abandoned. One way to do something will be to educate those who regulate such matters to the understanding that wisdom does not come with much knowledge, and that knowledge does not come with many studies. It is an error of our times to think that such studies as drawing, chemistry, languages, etc., are proper to all scholars. Experience shows that for the most of them these studies are a mere waste of time. We believe that it would be a good thing if the common schools confined their attention to the teaching of reading, writing and arithmetic, with history, geography and manual training, and—as an accomplishment—literature. If half the time wasted on useless studies—that is, useless as they have to be studied in the public schools—were devoted to teaching those who have been taught to read, what they can and ought to do with this attainment, we believe the next generation would call us blessed. No matter is more important, and none seems to receive less serious attention than this of directing the reading of the young; and it is a matter which ought not to be left for colleges, and high schools, and girl's seminaries, but which ought to be taken up wherever and whenever the art of reading is acquired.

If the studies in the public schools were limited to such branches as we have indicated, we believe it would not be difficult to arrange them in such a way that they would not be a burden to any scholar, and that they would permit of the division of schools into smaller, more individualized classes. It would also permit what we believe to be a second important desideratum, namely, the shortening of the school hours. We believe that it is detrimental to the degree of health to which each scholar might attain to be confined for five hours a day at study and recitation.

Up to the age of fourteen or fifteen years the young human animal should have the longest possible time for play. The school hours should be arranged so as to provide not more than four hours of book study, and an hour, or more, of play under the supervision of the teacher. This play should be so guided that it would furnish well-regulated exercise as well as amusement. As far as the studies are concerned we believe that the best possible preparation for active life in the United States would be a fair knowledge of the branches mentioned above, the most important of them being reading and literature—that is, training how to read. For we believe that a boy or girl who can read well, and who has been trained to a taste for good books and good newspapers, can after that accomplish anything he chooses in this country. A thousand instances in our history testify to this fact, and we believe that millions could be adduced to demonstrate that after years of study, as now arranged, a scholar may retain nothing of value except the knowledge how to read and to do the simplest ciphering.

THE TREATMENT OF HEART DISEASE.

Under the above head Dr. Thomas Oliver makes some valuable observations on various heart remedies, some new, some old, in the *Lancet* for July 30th.

In most forms of heart disease rest in bed is more or less a necessity, but this may be carried too far; in fact, physical exercise, gymnastics and massage have given some excellent results.

When the walls of the heart are feeble, and the propelling power is failing, there is no doubt as to the propriety of the cardiac tonics. First in importance is *digitalis*. This drug is indicated especially in failure of compensation. The cases in which digitalis acts most satisfactorily are those of mitral regurgitation, where the lesion has not been too long in existence, and where slight dilatation of the left ventricle is present. In aortic regurgitation, on the contrary, there is a general feeling that digitalis is contra-indicated. Dr. Oliver, however, does not share this feeling. He does not believe that, as some authorities teach, on lengthening the period of diastole greater reflux takes place into the left ventricle, and thus not only arterial and capillary anæmia, but also paralysis of the heart from over distention is favored. His experience has been that in aortic regurgitation, as in other forms of cardiac disease, the patient is likely to do well the nearer the beats of the heart are brought to the normal. Under digitalis, any slowing in the heart's action which may ensue is not only accompanied by improvement in the contraction of the cardiac muscle fibres, but also by increased arterial tension —which means not only the capillaries generally are better filled with blood, but also that the coronary arteries, too, are better supplied, and, consequently, that the heart is better nourished. The ill effects which Dr. Oliver has seen to follow the use of digitalis have been more gastric than cardiac. But as digitalis is a drug which raises arterial tension by causing contraction of the peripheral arterioles, and thus throws an additional burden on the heart, he would not use it in cases where he suspected fatty heart, or extreme dilatation of the left ventricle; nor would he consider its employment called for in any case of cardiac disease, no matter what the lesion in which arterial tension was already high.

In *convallaria* we have an excellent substitute for digitalis in the treatment of many cases of aortic regurgitation, and it is not contra-indicated in mitral regurgitation. Dr. Oliver has found it to relieve cardiac depression where digitalis had failed. He regards it as a pure cardiac tonic, acting directly on the heart by improving the tone of its fibre. It is generally well borne by the stomach.

Belladonna is not used in the treatment of heart disease as much as it deserves to be. In cases of mitral regurgitation, its efficiency is most marked. Excellent results have been obtained from belladonna in cases in which digitalis and other drugs caused violent sickness. Belladonna in such cases gives relief to the difficulty of breathing, to the

gastric irritability, and to the erethism of the endo-cardium.

Caffeine has given good results, particularly in mitral stenosis. Administered with convallaria, it raises arterial tension and increases diuresis.

Kola paste, in two drachm doses night and morning, acts as a prompt and powerful cardiac tonic and nutrient, and promotes diuresis. Cases of mitral and aortic regurgitation have derived much benefit from it, and dropsy has disappeared under its use. In the headache consequent on cardiac disease and contracted kidneys, it has also done good.

Next to digitalis, nay, in many respects superior to it, in Dr. Oliver's estimation, is *strophanthus*, which is one of the most powerful cardiac tonics we possess. A few doses of the tincture are generally sufficient to produce, in patients who are the subjects of aortic or mitral regurgitation, a feeling of well-being and comfort, followed by complete relief to difficulty in breathing. In functional cardiac irregularity its effects are quick and lasting, while in many cases of advanced mitral regurgitation the difficulty of breathing is soon relieved, the pulse improved, and the quantity of urine increased. Similar results have been obtained in the treatment of aortic regurgitation. Dr. Oliver recommends the tincture made from the seeds. Three minims of the ethereal tincture is a sufficient dose.

Sulphate of sparteine is one of the new cardiac remedies of which it is proper to speak highly. The dose is one to three grains. Under its use the weak heart has manifested a new vigor, arterial pressure has been raised, the coronary arteries have been better flushed, and the cardiac nutrition thereby improved; diuresis has increased, and dropsical effusions have disappeared. The action of this drug has seemed to Dr. Oliver surprisingly like that of digitalis.

Barium chloride raises arterial tension, and thus acts as a diuretic, with half-grain doses night and morning. Cases of aortic regurgitation have had their pulse-rate reduced, the pulse rendered fuller and firmer, and the amount of urine increased.

Venesection, Dr. Oliver thinks, has fallen too much into disuse. "In several of my cases of aortic and mitral regurgitation," he says, "I have not only succeeded in warding off impending death, but by removing blood from the veins, have placed the patient in the enjoyment of good health for months to come, repeating from time to time, as necessity arose, abstraction of blood from the arm."

In the treatment of angina pectoris, nothing has answered so well as the inhalation of a drop or two of *nitrite of amyl*. It often gives better results when given internally, beginning with two minims and increasing to ten, fifteen or twenty, combined with ten minims of sal volatile and ten of laudanum.

In the treatment of the insomnia of heart-disease, we have two reliable and safe drugs —*paraldehyde*, in doses of fifteen to thirty minims, and *urethran*, in doses of ten grains and upwards. Urethran is less unpleasant than paraldehyde, and produces calm and placid sleep where opium and its allies are unsafe, and where chloral cannot be given without running the risk of inducing cardiac failure.

—Dr. Frank H. Gardiner believes that decaying particles in the mouth as far back as the pharynx vault taint the breath exhaled very little, if at all. Mouth-breathers have a bad breath when the tonsils are enlarged, or when cheesy masses exist in the tonsillary mucous folds. Certain gastric derangements taint the breath only when gases are eructated through the mouth. The principal cause of bad breath is decomposition in the intestinal canal, the retention of fæcal matters in the transverse and descending colon, and the absorption of gases into the circulation, finally exhaled by the lungs. Catarrh (nasal, pharyngeal, laryngeal, or bronchial) causes bad breath. Medicines or aliments which undergo chemical changes below the œsophagus may, by rapid absorption through the stomach-walls, or immediately below, give to the breath the characteristic odor. This bad breath is often a source of serious annoyance to patients, and the fact that it has more than a local cause is too often ignored by the physician who, therefore, fails to cure it.—*Med. Herald, June, 1887.*

Foreign Correspondence.

Giessen, Germany, Aug. 25, 1887.

Probably the one great operation which will stand to the credit of ophthalmic surgery of the nineteenth century is the recent successful engrafting of the cornea of the rabbit in the cornea of the human subject by Prof. von Hipple, of Giessen.

This operation is of more than ordinary interest, for by it we are enabled to give useful vision in individuals who are now hopelessly blind. While the successful case was one in which the patient had a certain amount of vision, yet the results obtained prove that other individuals now without vision may be benefited. Your correspondent, who has recently been intensely interested in the success of this operation, determined to have a personal interview with Prof. Hipple, and see the patient upon whom the operation had been performed, as well as to elicit certain details in the *modus operandi* which are never given in an article descriptive of any operation. Therefore my visit to Giessen, an old university town, in the western part of Germany, was not without profit to myself, and I will, as well as I can, give your readers a brief outline of the result of that visit.

Giessen was made famous by the works of the chemist Liebig, and since his day has kept its reputation as a medical school on account of the corps of professors, which has added much to the keeping up of the reputation given it by the labors of the great chemist. The isolation and lack of amusement in this town make it a place where the student can find a paradise for study. There is nothing here to distract his attention. On this account the "privat-docents" are among the best qualified teachers in Germany, and many are the great men of the Empire who first drew their sustenance from the paps of this university.

The eye clinic of this institution is probably not the least famous of the many celebrated ones in Europe.

Dr. Guorg Brandeburg, first assistant, to whom I owe much for his kindness and courtesy, informs me that last year the eye clinic was visited by 2034 new patients, and from 450 to 500 major operations were here performed. The modified Graefe is the accepted operation for cataract enucleations by the German method, scissors and forceps alone being used to remove the eye-ball. Strabismus operations are done by the Graefe method, dilatation of strictures of the lachrymal canal with Bowman's probes, small size. Tattooing of the cornea is done at one sitting. Ulcers of the cornea are treated with ung. hydrarg. ox. flav., gr. ½ to ℥j, and atropia, and the actual cautery, probably the best and most efficient way of treating this disease. Buraw's operation for trichiasis is unknown, and when suggested for a case which was brought before us, was successfully applied. The after dressing of cataract patients is by bandages (gauze) stiffened by starch and sublimate, and dark rooms. The "rational method" has not yet reached this section of Germany. It was suggested, and in all probability the results will be given your readers at some future time by Dr. Brandeburg.

Prof. von Hipple has been giving his attention to corneal transplantation for the last ten years. He has experimented upon fowl, animal and man. These experiments are not numbered by five or six, but by hundreds, and it was only the outgrowth of this long line of experimentation that he was at last able to give to the profession the crown of his labors—a successful and wonderful operation. The patient is a young, healthy peasant girl, 19 years old, who suffered with a leucoma of the cornea of the right eye, obscuring vision to such an extent that qualitative perception of light only remained. The leucoma simplex obscured the central portion of the pupil, leaving, however, a circle of clear cornea at its outer margin, probably two mm. wide. The instrument devised by Prof. von Hipple for performing this operation is most ingenious. The trephine is driven by a clock-work and the cylinder is graduated so as to regulate its cutting depth in the cornea. The leucomatous cornea opposite the pupil was removed by this instrument. The eyelids were separated by an ophthalmostat, then under the influence of cocaine the trephine was placed on the cornea perpendicular to its plane, the cylinder so graduated as to cut a certain depth, 0.7 to 0.9; this cylinder is then put in motion by a spring clock motion much after the manner of a Dudgnon's sphygmograph; the hand simply steadies the instrument against the probe; after the circular incision is made comes the most important and delicate part of the operation, *i. e.*, the dissection of the leucomatous tissue from Descemet's membrane. This is done by grasping the inner lip of the incised tissue and with the greatest care and precision this tissue is removed down to the basement membrane lying in juxtaposition to Descemet's membrane. If, after the removal of

this circular piece of cornea, it is found that Descemet's membrane bulges forward through the circular opening, which in almost every case it does, a paracentesis of the anterior chamber is made at the corneo-scleral margin, relieving the intra-ocular pressure.

The rabbit selected from which to obtain the graft is a young, healthy doe. The eye, which is thoroughly cocainized, is drawn forward by an assistant who has inserted under the superior and inferior recti muscles two strabismus hooks; the eye-lids are kept open with an ophthalmostat; the drawing forward of the globe enables the trephine to be inserted and watched more accurately in its incision; the cut is made through cornea and *Descemet's membrane;* this graft is then inserted in the incision made in the patient; a fine probe running through the cylinder of the trephine is pushed downward, forcing the graft into place; after the removal of the trephine the upper eye-lid, which is drawn forward and downward, is pressed against the inlaid tissue, all being held firm by a pressure bandage, delicately adjusted, the patient of course lying on his back. After *three* days the bandage is removed, and the eye examined. If the graft is *in situ*, it will probably be somewhat hazy; if the edges have not turned upwards, a successful result may be prognosticated.

Prof. von Hipple will read an exhaustive paper on this subject, dealing with the details and giving his experience and his deductions in a paper before the Ophthalmological Society, which convenes, September 15th, at Heidelberg. I may add in conclusion that the second instrument made to perform this operation is now in possession of your correspondent.

L. Webster Fox.

—Since the erection of the Brooklyn Bridge, a number of individuals have intentionally jumped from it into the river below, but, on August 1st, a young man who was assisting some workmen engaged in painting the iron-work accidentally fell from the bridge. He struck the water, one hundred and twenty feet below, chest first, and though he was unconscious when rescued, he soon recovered his senses under appropriate treatment. He was taken to the Chambers Street Hospital, where it was ascertained that he had received a fracture of the sternum, but beyond this and one or two slight bruises, he was apparently uninjured. According to the last accounts he was doing perfectly well. —*Boston M. and S. J.*, August 11th, 1887.

Notes and Comments.

Selection of Health Resorts.

Dr. P. D. Rothwell, of Denver, Colorado, Prof. of Medical Chemistry and Climatology in the Gross Medical College, Denver, says that the physician who thoughtlessly writes a prescription for his patient, and sends him away with medicine that will only tax the eliminating powers of the system without in any way tending to eliminate the cause of his patient's trouble, is certainly guilty of a great wrong. The physician who in an off-hand manner advises his patient to go to such and such a health resort without a careful study of the climatic conditions of the health resort selected and a knowledge of the actions of such climatic conditions on the patient before him, is guilty of a greater wrong. To prescribe a proper climate for, say a consumptive, requires far more skill than to jot down the names of a few drugs to be compounded by a pharmacist and taken in certain doses. The former takes under consideration the sex of the patient, the age, education and tastes, companionship, pecuniary ability, the progress of the disease, susceptibility to æsthetic and psychical influences, and also the *purity*, *dryness*, *temperateness* and *brightness* of the atmosphere in the health resort to be selected.

The latter may not call forth any more mental effort than what is thus indicated: "This patient has a cough; I will give him one-eighth grain of morphine in a teaspoonfull of syrup of tolu and see how it works." The former requires a knowledge of life and its surroundings and sends the patient where constant factors are at work either for his weal or woe; the latter is often associated with the presumption of a quack and tends mostly to woe for the patient. The prescription calling for drugs invokes an agent to be used at certain intervals; the prescription calling for a change of climate calls to the person's aid factors that are always at work. The subject that should receive the greatest amount of study receives the least, and, as a consequence, many are sent to health resorts that would be better off at home, and many more are allowed to dally along with drugs at home that should be sent to places carefully selected.

Writers on health resorts are very often persons that have been benefited by residence in the localities praised, and may be excused for coloring the picture with the glow of returning vigor. Some wr te with

the characteristics peculiar to the newspaper correspondent employed by railroad corporations to encourage travel to portions of the country penetrated by their roads. Neither of these sources should be depended upon for useful information. Physicians of a scientific turn of mind, and, as a consequence, interested in the truth for truth's sake, should furnish the best information to those in need.

Colorado's fame as a health resort is widely known. Consumption is the trouble for which persons have come here and been benefitted. This article refers to that trouble only. Considerable has been written in reference to our climate and theories advanced in relation to its efficacy in the cure of consumption, some of which tend to mislead and make a mountain of explanation out of a mole hill of facts. The real pith of the matter is left out.

A most important factor to be remembered is the *diminished atmospheric pressure* owing to the altitude. Denver, for instance, is 5,200 feet above sea level; Colorado Springs, 6,080 feet, etc. Sending a patient from the level of the sea to either of these places is to a certain extent like putting him in a pneumatic cabinet from which some of the air has been exhausted. He will find the air thinner and of course will have to breathe oftener. To the patient whose lungs have not deteriorated too much, and to the one who has never developed the use of the lungs as they should be used, this will be a most useful indication. But to the one whose lungs are rapidly breaking down, whose reserve force is at a minimum, this extra work will hasten the process of dissolution; and it will do so before the unfortunate feels any benefits from the "balmy air and refreshing mountain zephyrs." The indications are plain. The diminished atmospheric pressure, too, encourages the blood to the surface of the body, tending to keep the skin—our everted lung—in better condition and at the same time relieving the congestion of internal organs—two essential points in the treatment of consumption.

The *purity* of the atmosphere of Colorado is largely owing to the absence of decaying vegetable matter, marshes, etc. Our soil is mostly a coarse, sandy loam into which moisture sinks rapidly, and upon which the native grasses dry and are preserved instead of decaying. Ozone, too, is freely developed in our mountain regions and thus adds to the stimulating effect of the atmosphere, and is opposed to the growth and multiplication of the comma bacillus.

Dryness of the atmosphere is almost essential to the improvement of the consumptive. Colorado atmosphere possesses this feature in a marked degree. Dryness does not favor the comma bacillus. Our climate is dry because the great mountain ranges attract the clouds where the moisture falls as rain or snow; in other places the nature of the soil where rain or snow falls is such as to prevent the moisture being long retained. Where the atmosphere is dry there cannot but be rapid changes of temperature. We have this, but there are so many benefits from the dryness that we are content to part with those that come from a more temperate atmosphere. A patient sent from the damp climate of Maine, say, cannot but be benefitted by the dry air bath into which genial climate invites him (other things being equal). To say that there are no winds in Colorado would be untrue. There are high winds sometimes. But dry air (comparatively) in motion, even though rapid, cannot reduce the temperature of the surface of the body as moist air in easy motion. This helps to preserve the temperateness of the atmosphere in winter and spring.

The amount of sunshine enjoyed in Colorado is very great. This might lead to excessive heat on the plains of our State, but for the fact that the great radiation caused by a few hot days is sure to cause currents of cool air from the mountains, that are not so very far away. During the very hottest of the recent days in Chicago and New York, when the hospitals were full with those that were prostrated by the heat, Denver was enjoying a temperature of 57° F. If the heat becomes oppressive a few hours' ride on the cars will take a person to cool mountain resorts, refreshing streams and sublime scenery.

To those unable to enjoy the luxury of hotels, and are able to work, light employment on ranches is available. This should not be lost sight of. Cases in which the disease has not made much progress would be far better off on a ranch with some light work than hanging around third-class hotels and sleeping in rooms four by ten.

There are many that come to Colorado depending entirely upon the climate, and do not call upon a physician here till they are compelled to. Such persons should be most carefully instructed by their physician in the East, before making such a change in their surroundings. That they are so instructed, I doubt; for they are sometimes found sleeping in just such rooms as above mentioned and daily expecting the Colorado climate to come into their rooms and heal them.

As stated before, to know whom to send here and when to send them requires more study than to write a prescription. Ours is a glorious climate—it has benefitted thousands in the past and has healing in store for millions in the future. Powerful for good, these rich blessings should not be prescribed without proper consideration of what the patient needs and how our climate is calculated to meet these needs.—*Denver Med. Times*, September, 1887.

Exophthalmia and Diplopia in Consequence of Empyema of the Sinus Frontalis.

Magnus (*Kl. Mon. f. Aug.*) reports a case of this nature, occurring in a woman, aged sixty-three. There was an elastic swelling at the upper and inner angle of the orbit on the right side, which extended far into the orbit, but did not project much beyond the orbital margin. There was no irritation of the lids or conjunctiva, and the motility and vision of the eye were normal. At times there was marked increase of the secretion from the right nostril. One month later the skin over the tumor became red and swollen, and after the use of hot applications fluctuation appeared and a small quantity of thin pus was let out. The inflammatory symptoms then rapidly subsided. Six months later the eye began to portrude downward, forward and outward, the exophthalmia rapidly increased, and the tumor itself became more prominent. A puncture of the latter let out a quantity of thin pus, and a diagnosis was then made of empyema of the frontal sinus. The mobility of the eye was much interfered with, but the vision and the fundus remained normal. An operation was then decided upon, and it consisted in chiseling away a portion of the anterior wall of the sinus until an opening as large as a markpiece was made. About 60 grammes of pure pus were removed, and the finger could then be passed for about 7 ctm. directly backward. The thickened mucous membrane of the sinus was scraped away, and the cavity cleansed with carbolic acid. It was then tamponed with iodoform gauze. The diplopia ceased in three days, and the exophthalmia rapidly subsided, but the wound did not entirely close for about nine months.—*N. Y. Med. Journ.*, Aug. 13, 1887.

The Special Therapeutic Indications for the Use of Theine.

Thos. J. Mays, Professor (Adjunct) of Diseases of the Chest, Philadelphia Polyclinic, writes as follows: From its physiological action, it is quite obvious that in theine we possess an agent which has the power of paralyzing sensation without affecting motion, and that it does this with a great degree of certainty and without any appreciable injury to any part of the body, even when administered in large doses. It now remains for clinical medicine to demonstrate and to establish how far this analgesic property can be utilized, and, with this purpose in view, the greater portion of the following pages will be devoted to the task of pointing out the special pathological conditions and to that of the citation of cases in which the drug is indicated.

In order to obtain the full effects of theine, it is not necessary to inject it deeper than immediately beneath the skin. Of deep injections I am not able to speak intelligently, since I was always satisfied with the results which are derived from superficial injections. Dr. Castle relates his own personal experience with one deep injection, in which the drug certainly exerted a marked influence on the brain, owing, probably, as has already been stated, to the fact that the whole dose found direct entrance into the circulation, and was at once carried to the great nervous centres.

Again, theine, as a rule, is surprisingly prompt in exerting its analgesic action. I have on a large number of occasions witnessed patients who had too much pain to move an arm, or who were too stiff to stand erect, swing their arms and straighten their bodies in less than five minutes after its introduction. It is not always so prompt, but this is probably due to the smallness of the dose. I have seen cases where no benefit had been derived from one-third of a grain, which, on the dose being doubled, improved at once. Therefore, when a single dose fails to act favorably, it is always advisable to increase, even if this has to be done to a large extent. I have repeatedly injected as much as two and one-half grains without experiencing anything except the best results. I would not hesitate to go even beyond this limit. To one patient who was suffering from the most intense neuralgia of both lumbo-sacral and left cervico-brachial plexuses, which was accompanied by sleeplessness, spasms of the muscles of both legs and of those of the left arm, I gave two and one-half grains of theine subcutaneously in four different localities along the spine, with instantaneous relief to the pain and the induction of sleep during the following night. This amount was injected daily for twenty-one days in succession, at the end of that time

he was almost entirely free from pain, improved in appetite and in sleep, and felt better in every way. In another case of locomotor ataxia I injected three grains of theine in different spots along the spine every other day, chiefly for the purpose of relieving the pain and contractions in the extremities, as well as the constriction around the base of the chest. It removed all these difficulties at once, and made the patient feel more comfortable than before. Another feature which recommends theine to favor is its prolonged influence. After pain has once been relieved by it, it is very rare to find the same returning inside of ten or twelve hours, and oftener not until twenty-four hours, and then, in all probability, not in its original intensity. I am referring now to obstinate cases of pain. Where the pain is more unstable, it is not rare to find that one or two injections relieve it permanently.

No prolonged irritation and no inflammation have ever been produced, during my experience, at the seat of its injection. It gives rise to some burning at first, which disappears in the course of a very few minutes, and is replaced by a marked area of anæsthesia. Most of the burning is undoubtedly due to the comparatively large amount of water which is necessary to dissolve a drug of a solubility as low as that of theine. When it is prepared with benzoate of soda its solubility is markedly increased, and I have therefore used it for more than a year according to the following formula:

℞ Theine,
Sodium benzoate.....āā....℥j
Sodium chloride.....gr. viij
Distilled water.....fl℥j

M. Sig.—For hypodermic use. Six minims equal one-half grain of theine.

Finally, in regard to the employment of a particular kind of theine I would say that everything which at present falls within the commercial description of both drugs is principally made up of theine; hence, very good clinical results are obtained from that which is found in the market, although it is very obvious from my experimental deductions in regard to the differential action of theine and caffeine, that the best results are obtained from the genuine article, which is now manufactured and furnished by Merck, of Darmstadt, Germany, and which I altogether employ at the present time.

In order to avoid annoyance and disappointment, it is highly important to constantly bear in mind the pathological conditions which only are amenable to the influence of theine. It must be borne in mind, first of all, that its function is solely that of pain-relieving; and while it performs this office to perfect satisfaction, it also fails to give permanent relief to obstinate and protracted pain unless it is aided by remedies which tend to improve the nutritive state of the affected nerves or which are capable of removing the diatheses upon which the painful affections depend. A neglect of this simple rule frequently led to failures in my earlier employment of the drug.—*The Polyclinic*, September, 1887.

Hay Fever.

From a study of forty-two cases of hay fever, Roe (*New York Medical Journal*, Sept. 3, 1887), is led to the following conclusions:

1. That all cases of hay fever have their initiatory lesion in a diseased condition of the tissues of the nasal fossæ.

2. That the disease of these tissues induces, in the ganglionic centers connected with them, an abnormal activity, which is reflected to other tissues and organs.

3. That the sensitive areas in the nose are not confined to any particular locality, and that there are no zones in the nose that when irritated invariably produce the same manifestations.

4. That the direction in which the irritation is reflected is, like an electric current, always along the line of least resistance, and that from the same region it may be reflected in one direction at one time, and in the opposite direction at another time.

5. That the disease in the nose may produce disease in other portions of the respiratory tract, which may become independent centers of irritation.

6. That the affection distinctly recognized as hay fever is due to the effect of a local irritant, brought by the atmosphere in contact with the sensitive regions of the air-passages.

7. That the affection is not *per se* a neurotic disease, nor necessarily associated with a nervous temperament, although persons having a highly nervous temperament or a neurosis are much more susceptible to the influence of a local irritant.

8. That the neurotic condition which is often regraded as a cause of hay fever is itself often developed as the result of the local irritation.

9. That by carefully correcting all abnormal conditions found in the nasal or other portions of the respiratory passages, and the use of such systemic medication as may be required to remove any associated or consequent general derangement, we need not fail to cure hay fever.

CORRESPONDENCE.

EDS. MED. AND SURG. REPORTER:

Sirs:—Upon my return from my summer vacation, I find three numbers of the REPORTER awaiting me. Among the contents, I find a note on "Medical Epitaphs," by Dr. Keating.

If the Doctor will refer to Watson's Practice, edition 1858, page 846, he will find the same case recorded by Dr. Mead.

Dr. Bombaugh says that at the Old Men's Hospital, Norwich, England, may be seen the following: "In memory of Mrs. Phebe Crewe, who died May 28, 1817, aged 77 years, who, during 40 years practice as midwife in this city, brought into the world 9730 children."

Also at Wolstanton:

"Mrs. Ann Jennings.

Some have children, some have none;
Here lies the mother of twenty-one."

Also at Heydon:

"Here lieth the body of Wm. Strutton, of Paddington, buried May 18th, 1734, who had by his first wife 28 children, and by a second wife, 17; own father to 45, grandfather to 86, great-grandfather to 97, and great-great-grandfather to 23; in all 251."

Dr. Bombaugh also gives an illustrated epitaph from Williamsport, Pa.:

"Sacred to the memory of Henry Harris, born June 27, 1821, of Henry Harris and Jane his wife. Died on the 4th of May, 1837, by the kick of a colt in his bowels. Peaceable and quiet, a friend to his father and mother, and respected by all who knew him, and went to the world where horses don't kick, where sorrows and weeping is no more." Yours respectfully,

CHAS. H. COCKEY, M. D.

Baltimore, Md., September, 1887.

Consultation with Licensed Homœopaths.

EDS. MED. AND SURG. REPORTER:

Sirs:—I have a question I would like to see discussed by the readers of the REPORTER. In our State we have a law of registration which doctors must comply with before they can legally practice medicine and surgery in the State. By complying with this act they are legal practitioners within the meaning of the statutes. If the patient of a homœopath desires me to meet his physician in consultation, and I refuse to go because he is an irregular, *i. e.*, is not a subscriber to the code of ethics, has not the patient legal ground for an action against me for damages? Suppose that, as a fact, if I had met the doctor in council, and changed the treatment, the patient would have been benefited thereby, and would have been a gainer. Now, if I deprive a patient of the benefit of whatever skill I may have because I refuse to recognize as a qualified practitioner one whom the statutes define as a legal practitioner, am I not legally liable for personal damages to the patient? I believe that, in a court of equity, a refusal to counsel with a legalized practioner for no other reason than that the other doctor has not subscribed to, and reasonably complied with, our code of medical ethics, will leave us liable to actual and exemplary damages. Yours respectfully,

MILTON CHASE, M. D.

Otsego, Mich.

[We have taken legal advice on this question, and are informed that unless there is a special statute in any State, compelling a physician to consult, it is his natural right to decline to do so for any reason which appears to him to be sufficient.—EDS. REPORTER.]

The Conjugal Question—The Man's Side.

EDS. MED. AND SURG. REPORTER:

Sirs:—Dr. Rees's letter, in the REPORTER of October 1st, is interesting. But among what daughters of Eve can her lot be cast, that she tells such a chilly tale! My own limited experience is precisely the reverse; and as it tallies with that of men with much wider fields of observation, I feel sure there is some ground for saying a few words on the other side. Individuals are very differently endowed with the sexual appetite. There are frigid, sapless, Cassaubons, whose *uneasiness*, to use your correspondent's eupheumism, reaches a climax only when the moon is full, or, who, like Tristram Shandy's father, attend to these little family concernments with the winding of the hall-clock on the first Sunday of each month. Mated to batrachians of this sort, there are women whose appetites are starved, and whose lives are rendered miserable. This is not alone the case where there is great discrepancy in years between husband and wife, but I have known of it in apparently well-consorted couples; and there have come to my professional knowledge two instances in which the woman sought, and found, elsewhere the gratification she could not obtain at home. To talk of a *healthy* woman, after the birth of one or two children, passively accepting her husband's attention as a duty, and often an unpleasant one, is to us men particularly naïve. It is more common in women than in men for the appetite to grow with what it feeds on; and

it may be safely said that in them passion does not reach its full development until later, often not before the fourth decade. My sympathy in this matter is entirely with the men, as I honestly think that in a large proportion of the cases—possibly the majority—they are the sufferers. There are men, of course, with huge, unbridled appetites—Solomons, for whom polygamy is the normal state; but such are as much the exception as are the women your correspondent describes.

Yours respectfully, TOBIAS SLOP.

Homœopathy.

EDS. MED. AND SURG. REPORTER:

Sirs:—A practitioner of the homœopathic faith, signing himself "*One of Them*," asks several questions in the August 13th number of the REPORTER, which, with your permission, I will endeavor to answer specifically first, and then in a more general manner. His questions are:

1st. "Has any system of medicine yet arrived at the stage in which it can claim to be acting purely on principles, and not at all empirically or experimentally?"

Answer. The homœopathic system makes this claim.

2d. "Supposing the principles of the old practice to be mainly right, does it follow that those of homœopathy are all wrong?"

Answer. Yes, if those of the homœopathic school are contrary to those of the "old practice," which, it is admitted, are mainly right.

3d. "If a homœopath, in some emergency of his patient, which in his judgment calls for a mechanical or immediate action, resorts to a cathartic, has he proved himself a traitor to his principles?"

Answer. Certainly he has, for such "resorts" are not in accord with "*similia similibus curantur*," a creed which should apply to every possible emergency.

Now, there should be reason and common sense in all things. Let us get down to the essence, to the merits, of the whole question. We of rational or progressive medicine, or, if you will, the "old school," regard that only as the true system of medicine, which is progressive, which evolves, which knows no *pathy*, *ic*, or *ism*, which adopts no exclusive creed. We aim simply to be physicians, following no system but truth. We accept and adopt anything and everything, no matter whence it comes, which will stand the test of common sense and scientific experiment, investigated by the usual ordinary principles of positive science. The reason we have not long ago accepted the doctrine of homœopathy is because it is unreasonable, and unable to stand the tests we apply to every candidate for endorsement. It is true, and we confess it with humiliation, that in the early period of our history a most ponderous cloud of ignorance covered what is known as the "old school," but it was the *only* system which was *progressive*, which made any progress, which was anxious to progress, which did not, and would not, circumscribe itself within the confines of any such ridiculous creed as "similia similibus curantur," which may have suggested the well-known nursery rhyme:

"There was a man in our town, and he was wondrous wise;
He jumped into a bramble bush and scratched out both his eyes.
And when he saw his eyes were out, with all his might and main,
He jumped into another bush and scratched them in again."

We have made more genuine progress in the last thirty or forty years than was made in the preceding twenty centuries, not considering the discoveries of Harvey and of Jenner. There is not an important principle, fact or theory; not an important medical discovery; not an instrument of merit; nothing of sound, practical utility within the whole range and compass of the science and art of medicine and surgery, which did not have its birth and origin in the so-called "old-school." If homœopathy is increasing, as some claim that it is, it is certainly not because it is correct as a doctrine. Where it is in the ascendancy—if indeed there be such a place—it may be that the practitioners thereof practice *both* systems, as so many of them profess to do in this part of the country I would like to ask "*one of them*" how a homœopathic adherent can conscientiously practice the old-school doctrine if he believes it to be wrong? And what his opinion is of the man who advertises that he practices both homœopathy and allopathy?

Yours respectfully,

H. V. SWERINGEN.

—DR. J. R. FORCE, of San Antonio, Texas, writes that he is "an allopath of the first water," but challenges those who criticise homœopathy to meet the argument that vaccination and Pasteur's practices of preventive and curative inoculation are homœopathic in principle. He also finds support of the homœopathic law in the fact that corrosive sublimate will cause inflammation of the bowels, and that Prof. Pepper recommends small doses of this salt for the treatment of the same condition. He also cites

the action of belladonna in health and in disease. His letter would indicate that he practices homœopathy at times with such success as to lead him to have some confidence in it.

—T. T. B., of Philadelphia, writes a letter in reply to that published in our issue of August 13, which is very similar to that of Dr. Schweringen, and in addition makes two good points: one is that the financial success of many homœopathic practitioners is no evidence of the correctness of their principles; the other is that a careful study of Hahnemann's work would probably cure an incipient leaning toward homœopathy in any candid and intelligent mind.

Close of the Discussion.

The details of our own opinion in regard to homœopathy have been pretty fully presented by our correspondents. The sum of them is that, as *a system*, it is contrary to every principle of scientific study or achievement, and that it is deservedly rejected by the great mass of honest and wise men who constitute the "old school," and deserted by the shrewd members of the very sect which flaunts its name. As a method of practice it cannot be denied to have a certain success, but this is in spite of the false theory upon which it is founded, and not because of it.

We also agree with our last correspondent, T. T. B., in recommending to any candid and intelligent mind a study of the doctrines of homœopathy as published in the writings of its founder. It is, to a certain extent, a waste of time to argue with one who has not learned in this way what homœopathy really is, and we think it would be an utter waste of time to argue with one who had this information and still believed in homœopathy. —Eds. of the Reporter.

—To detect turmeric in powdered drugs, the following method has been suggested: Upon a piece of filter-paper place a pinch of the substance suspected, and saturate with ether to extract the coloring-matter. When dry, add one drop of potassium hydrate to the stain, and, if turmeric be present, a red color, changing to brown, is produced, which is destroyed by acids. With care, less than 1 per cent. adulteration can be detected in this way. In testing rhubarb for turmeric, a pinch of borax and hydrochloric acid is added to the stain, and if turmeric is present a red stain is produced. —*Chem. and Druggist*, July 30th, 1887.

News and Miscellany.

Dr. Quain Still Alive.

The death of Mr. Richard Quain has given rise to strange misapprehensions. Dr. Richard Quain, far better known in general society, and still we are glad to say in good health and in active pursuit of his professional duties, has naturally been confounded with his deceased cousin. Hence, Mrs. Quain has received numerous letters of condolence; friends have called at Harley Street to ask when the funeral is to take place, and others have been startled, most agreeably so, of course, at seeing the genial physician walking about in full health and spirits after his reported decease. The confusion, sufficiently great on account of the identity of Christian as well as surnames, is increased by the tendency of the general public to call every member of the profession "Doctor," so that we hear at the clubs that "not Dr. Quain, but the other Dr. Quain is dead." "Mr." Quain was the great writer on anatomical subjects; "Dr." Quain is the author of the Dictionary of Medicine.—*Brit. Med. Journal*, September 24th, 1887.

Butterine or Margarine.

The House of Lords determined on Friday evening last to retain the name of margarine as a right and proper designation for a certain substitute for butter, and which has for several years been selling under the illusory name of butterine. A large trade has been done among the poorer classes in this sophistication, and although it may be wholesome and nutritious, it is a fraud upon the public to sell it as butter, and which is done to a large extent in all the more populous neighborhoods. More than one noble lord argued that because a trade of several millions a year was now carried on in the manufacture of this article it would be wrong to interfere with it in any way. But this line of argument will seem to most of us to cut both ways, as the greater trade the greater the fraud practiced on those among the community who are unable to distinguish between the spurious and genuine article; and the large sale of which greatly interferes with that of the genuine article, butter—the trade mark, in fact, of the dairy industry, and it is only just to this industry that it should be protected against infringement of its trade mark. It should no more be in the power of the cheesemonger to supply his customers with a "bogus butter" than it is that of the

publican to sell sugar and water for beer as brewed and sent to him by the brewer. It was argued that margarine is a false name, but if it be so, then we reply that butterine is decidedly falser. This imitation of butter has, no doubt, the substance oleomargarine for its basis. It is subjected to certain chemical and mechanical processes, it is colored and made pleasant to the eye and to the taste, but still it is not butter, and has no right to hang on its skirts as if it were the genuine article, and after all is said about it, it is simply ox-fat, and should be labelled imitation butter, and thus made to stand on its own merits. There is no doubt that the use of a title for a substance which is wholly different from butter is an act of injustice, since it must, more or less, injuriously interfere with an important branch of industry. On this ground alone the farmers are fairly entitled to protection, while the housewives of the working classes have a right to know that butterine is not butter.—*Med. Press and Circular*, Aug. 10, 1887.

The Influence of Tobacco on Health.

In the course of upwards of a thousand observations on the influence of tobacco on the health of workmen, women, and children engaged in tobacco manufactories, Madame Walitzkaja found that the inhalation of an atmosphere laden with tobacco dust determined nervous troubles of a particular type. Dilatation of the pupils was frequent, together with cardiac enervation, exaggeration of the reflexes, tremulousness of the hands, and dyspnœa. The work people are subject to headache and fainting fits, gastralgia, etc. After the nervous system the respiratory function is that most commonly interfered with, but phthisis is not frequent. Experiments on animals proved these symptoms to be due to the tobacco and not to other causes.—*Ex.*

Driven Crazy by Inhaling Acid Fumes.

Dr. Howard A. Lever, Health Officer of the town of Flushing, L. I., has filed his report on several cases of insanity which have recently caused much trouble in College Point, L. I. Two of the men, Montz Beyer and Charles Schwartinger, are raving maniacs in Poughkeepsia Asylum. It was alleged that the fumes of the acids used on the preparations of rubber in the works where the men worked had affected their brains. In his report Dr. Lever confirms this theory, saying that, in his opinion, the inhaling of the volatile fumes of bisulphate of carbon was the direct cause of all of the mental derangement. The Board of Health has ordered the proprietor of the works to take greater precautions against the escape of the fumes, and to post notices of the dangerous character of the work, so that the employees may be on their guard.—*Ledger.*

An Unsatisfactory Verdict.

The *Oldham Standard* of July 30th contains the following:

A very singular verdict of a coroner's jury is reported from Failsworth. A girl, who was stated to be "in good health at noon," fell on the kitchen floor while washing on Monday evening, and died. A companion was actually waiting at the time to go with the deceased to Hollinwood Wakes, when she heard a scream, and saw the girl lying upon the floor. A doctor was fetched, who pronounced life extinct, but he was not called at the inquest, and the jury, on the above evidence apparently, returned a verdict of "sudden death from natural causes." If an inquest is any use at all, it surely should be to find out as far as practicable the cause of remarkably sudden deaths.

We have inquired into the circumstances attending the above-mentioned death. The deceased was a girl of 18 years of age, and had always enjoyed excellent health and strength, and had worked up to 5.30 P. M. on the day of her death. She then, it appears, suddenly fell down, and died almost immediately. A medical man was sent for, who found the deceased quite dead, with blood oozing from the mouth and nose. Upon this he stated to the police-constable, who inquired into the case, that he believed the death had arisen from natural causes. This again was reported to the coroner by the constable, and repeated at the inquest before the jury, who, upon this haphazard statement, founded the verdict; the medical man who was called in at the time of the death not even being required to give evidence. As a means of ascertaining the cause of death, the inquiry certainly was a useless one; for under no heading could the death be registered, except under that of "cause ill-defined or unknown," a column in the Registrar General's returns which we hope will soon cease to be required. Had the coroner and jury appreciated the importance of the duties that devolved upon them, they would certainly not have remained content under the circumstances to have returned such a verdict as "sudden death from natural causes." The means of ascertaining the exact cause of death were at hand. The medical man who was called in at the time of the death,

after making a proper examination of the body, should have been called to give evidence, and then the jury would have been enabled to return an accurate verdict "in accordance with the evidence," instead of a useless one, founded upon the second-hand opinion of the parish constable.—*Brit. Med. Journ.*, Aug. 20, 1887.

Medicine in Spain.

We are prone to think that the Spanish physicians are too inert to trouble themselves about any subject of public importance. This idea is strengthened by the hesitancy of the Spaniard to rush into print with crude and imperfectly digested theories. Yet it was Carron, a Spaniard, who sacrificed his life to solve the life-history of the "wart" disease, and our contemporary, *Revista, Balear*, No. 19, 1887, contains a summary of the medical report on the epidemic of cholera that visited Valencia in 1885. This report was presented to the Mayor and Council of the city, and is a very elaborate and carefully prepared account of the epidemic, such a report as any country might be justly proud of. The report consists of three parts: the first is occupied in the consideration of the position of the city of Valencia and so forth. The second part consists of the preventive and remedial measures adopted, and the third describes the administrative measures recommended for adoption on the recurrence of a similar epidemic. The very fact that Spaniards do not print much, should cause us to carefully consider what they do publish; men who are unaccustomed to write for publication seldom take up the pen unless they have something very valuable or very unusual to tell.—*The Med. Press and Circular*, August 10, 1887.

A Dangerous Toy.

On August 25th, a boy six years old, living in Philadelphia, came to his death under somewhat singular circumstances. The child, in company with an older brother, was playing on the sidewalk in front of his father's provision store, about 2 o'clock in the afternoon, each boy having a tin fife, about 18 inches long and one-fourth of an inch in diameter, upon which he as blowing. Daniel started to go into the store somewhat hastily, and in doing so tripped and fell on his face, the tube being forced into his throat nearly half its length, when it was broken, the jagged edges at the break severing the windpipe and arteries. The child was picked up, the tube removed, and the sufferer carried to a neighboring drug store; but death from hemorrhage resulted in a few minutes after the accident.

Fashion and Dress.

To what trying experiences, to what appalling discomforts have a large portion of the male sex been exposed during the past extraordinary weeks of heat, on account of the inexorable fashion which demands the persistent use of the black tall hat, the black frock coat, the gloves, and the umbrella. It seems, after all, curious in the extreme that men should thus consent to make martyrs of themselves because of the dictates of fashion. Fashion in dress, with few exceptions, has been, and probably always will be, unphysiological. Now-a-days a business man only wears even a white waistcoat in an apologetic sort of way, and yet every one is agreed in regard to the suitability and comfort of these garments in hot weather. Why, then, should we condemn ourselves to mundane purgatory, and sacrifice health, good temper, and energy in the process? Health and fashion, it must be conceded, stand widely apart, having apparently rival interests. Fashion in many respects, indeed, resembles a butterfly which flutters into the presence of a pack of schoolboys. Every one follows it, helter-skelter, each doing his best to secure it. The butterfly flutters on and suddenly disappears, no one knows where; then comes the reckoning. Fortunately, however, the general law of mortality peculiar to organic bodies is operative also as far as fashions are concerned. Fashions die out and succumb to the effects of time, but for long afterwards it is possible to trace their effects. There is much cause for regret that nineteenth-century wisdom has not been able to devise for the nobler members of mankind a more rational fashion in dress; in hot weather a man swelters in his apparel, in cold weather his clothing affords him the opportunity of acquiring the habit of shivering, and in each case he has only fashion to thank for the result.—*Med. Press and Circular*, July 20th, 1887.

Diphtheria in Animals.

The report by Dr. George Turner, which has just been issued by the Local Government Board, on the subject of the existence of a disease in animals bearing a striking analogy to diphtheria in human beings, is a step further on the path which was first started when the possibility of infection be-

ing conveyed from animal to man, and *vice versa*, was recognized. From Dr. Turner's observations, it would seem that a certain reciprocity exists between man and animals in the inter-communication of this particular disease. Epidemics of diphtheria in human beings have been accompanied by special forms of disease in poultry and domestic animals, and in certain cases the latter has preceded the former. In this way Dr. Turner is disposed to explain outbreaks of diphtheria under circumstances which would seem to render infection from human beings impossible. Now that the results of Dr. Turner's painstaking observation have been made public, further evidence bearing on the subject will doubtless be forthcoming, and light will be thrown on a matter which, however probable, is so far based only on a concatenation of probabilities. Patient and conscientious workers in this field of observation have a rich harvest before them, and the progress already accomplished cannot fail to act as a powerful incentive to further research.—*Med. Press and Circular*, August 10th, 1887.

Legalized Brutality.

Much indignation has been excited at Ilkeston by the case of a child aged 7, who was charged with stealing a silver watch and guard. The child was ordered to be birched. We do not know to whom that duty was entrusted, but it seems to have been carried out with great inhumanity. The following is the certificate of the surgeon to whom the child was taken after its release:

ILKESTON, July 14, 1887.

James Buckbury, aged 7, was brought to me on July 7th, suffering from lacerated wounds over the side and belly, which had been that day inflicted by the policeman's lash. The wounds which I counted were over fifty in number, and had penetrated deep into the cellular and muscular tissue, those on the belly being especially deep. The child was very feverish and sickly. Its little heart was in a most excitable condition, and it complained of acute pain. I prescribed some soothing medicine, and some ointment, etc., to dress the wounds. I have been attending the child since. He is progressing favorably, and the wounds are healing nicely. For a few days he complained of occasional twitches of internal pain, pointing to slight pleurisy. It seemed to me a monstrous thing that a child of such tender years should be beaten in such a brutal manner. I understand also that the child was arrested and taken out of his bed at one o'clock in the night, and kept in a solitary cell until bail was given next day. I sincerely trust that all this inhuman treatment to a puny little child of seven will leave no blemish on its constitution. Every medical man knows, however, that epilepsy and chorea, and many other convulsive affections, can be often traced directly to a beating or a fright during early childhood.

(Signed) JOHN J. TOBIN,
M. B., M. Ch. (Royal Univ., Ireland.)

When adult garroters are subjected to corporal punishment, the previous intervention of a surgeon is required, and it would seem to be desirable that some precaution at least should be taken against the excessive punishment which seems to have been inflicted in this instance.—*Brit. Med. Journ.*, July 23, 1887.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from September 25, 1887, to October 1, 1887:

Lieutenant-Colonel A. K. Smith, Surgeon, granted leave of absence for one month and fourteen days, to take effect upon his being relieved from duty at U. S. Military Academy. S. O. 223, A. G. O., September 24, 1887.

Capt. R. W. Johnson, Assistant Surgeon, granted leave of absence for twenty-one days, to be taken advantage of, so that he will return to his station at latest by the middle of October, 1887. S. O. 204, Divs. Atlantic, September 23, 1887.

First Lieutenant W. D. Dietz, Assistant Surgeon, leave of absence extended one month. S. O. 223, A. G. O., September 24, 1887.

First Lieutenant Wm. L. Knudler, Assistant Surgeon, ordered to accompany Light Battery "F," 4th Art'y., from Ft. Snelling, Minn., to the International Military Encampment at Chicago, Ill. S. O. 97, Dept. Dakota, September 20, 1887.

Changes in the Medical Corps of the Navy for the week ending October 1, 1887:

Assistant Surgeon V. C. B. Means, ordered for examination preliminary to promotion.

Passed Assistant Surgeon E. Z. Derr, detached from Navy Yard, New York, and to the "Nipsic."

Passed Assistant Surgeon Richard Ashbridge, detached from Naval Academy, Annapolis, Md., and to await orders.

Passed Assistant Surgeon A. H. Russell, ordered to the Naval Academy, Annapolis, Md.

Passed Assistant Surgeon C. G. Herndon, detached from Naval Dispensary, Washington, D. C., and to the "Enterprise."

Passed Assistant Surgeon Geo. Arthur, detached from the Museum of Hygiene, Washington, D. C., and to the Naval Dispensary.

Passed Assistant Surgeon S. H. Griffiths, ordered to the Museum of Hygiene, Washington, D. C.

Medical Inspector J. C. Spear, leave of absence granted until July 1, 1888, with permission to leave the United States.